DEPT.-65

JOB-31

REEL-18

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF VITAL STATISTICS

DEATHS

EP 21407

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

KP 23007

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. If available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS:
2 negative Rolls
+ 1 positive for Hospital

C. P. Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

The Special Attention of [illegible] is respectfully invited to the Rules [illegible] Back of this Certificate. 17301

Board of Health, City of Baltimore,

Permit No. 77501 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} S L Jacobi

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* × *Months,* × *Days.* ✓

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Since July 25 1884

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Diarhoea

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial Oheb Shalom Cemetery

Date of Burial, August 15 th 1884

Undertaker, Wm Eslaw

Place of Business, 101 Gough St

A Friedenwald M. D.,
Medical Attendant.

Address, 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week. 77502

The Special Attention of Physicians Is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 77502 *Office of Registrar of Vital Statistics.* Ward 13"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 15th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo Nelson Creamer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 4 *Months,* 20 *Days,*

Color, —

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Infant

Place of Death, { Give street and Number. } 101 Parkin

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 Days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 15-84

Undertaker, C. H. Wrinkle

Place of Business, 47 S Poppleton

Abbt Cothran M. D., Medical Attendant.

Address, 343 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 7503

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7503. *Office of Registrar of Vital Statistics.* Ward 3"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse O Harrison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life except when at Sea

Place of Death, {Give Street and Number.} 512 S Bond

Cause of Death, First (Primary), Diabetes

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 17th

Undertaker, Geo Schilling

Place of Business, *Address,* 111 E Pratt

L. S. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 77504

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77504 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 13 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Burger
Christian

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* —— *Months.* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give Street and Number.} No 41 Bank St

Cause of Death, First (Primary), Pulmonary Phtisis

Second (Immediate), the same

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Spring Cemetery

Date of Burial, August 15

Undertaker, Samuel Funk

Place of Business, 35 Bank

Henry Slagle M. D.
Medical Attendant.

Address, 169 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for B... hence issued, Saturday of each week.

No. 77505

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 77505 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 15th 84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry. S. Mary E. Ostendorf.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore; .....

Place of Death, {Give street and Number.} #57 Saratoga St.

Cause of Death, First, (Primary,) In Birth still born

Second, (Immediate,) Apnoea

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, August 15th 1884

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Robt S Wilson M. D.,
Medical Attendant.

Address, 1468 152 Park ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Keepers of Cemeteries in City of Baltimore will make returns of all ... 77506

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77576 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 14 '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Stanley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* — *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore V

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give Street and Number.} 11 Jordan alley

Cause of Death, First (Primary), Malaria convulsions

Second (Immediate), Probably exhaustion

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Pub" Cem

Date of Burial, Aug 15=1884

Undertaker, F A Kirchner

Place of Business,

W=A Lewis M. D.

~~Medical Attendant.~~ Coroner

Address, 32 & Harford Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week.

No. 77507

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 77507 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 3 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 253 Hamburg St.

Cause of Death. First (Primary),

Second (Immediate) Typho-Malarial Fever

Duration of Last Sickness, 8 days

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 16 1884

Undertaker William Berger

Place of Business, 162 Cort st

R. M. Hall M. D.
Medical Attendant.

Address, 162 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office [illegible] issued Saturday [illegible]. No. 77508

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 77508 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 14th 1884

Full Name of Deceased {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Nagle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 4 *Months,* 17 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 61 Clifford St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, August 15th.

Undertaker John S. Mosher

Place of Business, Cor Loudon Park

H. W. Hebner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all

77309

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77309 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED AUG 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John D. H. Greene

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, = 33 = *Years,* = 7 = *Months,* = - = *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ?

Occupation, Barber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 241 E. Eager St

Cause of Death, First (Primary), Dysentery

Second (Immediate), Exhaustion

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, August 16, 1884

Undertaker, Henry Heath

Place of Business, 29 Hanover St. *Address,* E. Eager cor Front Line

J. W. Glover M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Register of Deaths ... 11810

The Special Attention of Physicians is Respectfully ... to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77510 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry C. Weathers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 27 *Years,* ~~Months~~, ~~Days~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 86 Saratoga st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, aug 16th 84

Undertaker, H W Watkins & Sons

Place of Business, Park & Saratoga

Thomas D. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make a return of all [illegible] 77511

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77511 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Koenig

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fourteen days

Place of Death, {Give Street and Number.} 8 Towson St, Mount Pons

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 16th 1884

Undertaker, H. Sander & Son

Place of Business, 252 Canton Av *Address,* 24 & Alice Avenue

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week. 77512

The Special Attention of _____ is respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77512 *Office of Registrar of Vital Statistics.* Ward 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter W Henry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* — *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 236 West

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Convulsions

Duration of Last Sickness, 24 hours

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 15

Undertaker, H. Ross

Place of Business, 95 Lombard St

Thomas Cole M. D.
Medical Attendant.

Address, 146 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the [illegible] Saturday of each week.

No. 77313

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77313 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lina Glatter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* —— *Months,* —— *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Hepatitis

Second (Immediate), Cachexia

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cy

Date of Burial, Aug 15 1884

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* University Md.

P. G. Grubb M. D.
Medical Attendant.
Coroner's Physician

Extract from Regulations of the Board of Health to secure a full and correct Record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any ~~person~~ shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make ... Permits for Burials to the Off... Undertakers.

No. 77514

The Special Attention of Physicians is respectfully invited to the Remarks Below and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 77514 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Danny Burke

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* 2 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } # 108 George St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 12 days -

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Aug 15/84

Undertaker, J. B. Cook

Place of Business, 407 W. Balto St.

Geo H Epting M. D.,

Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Burials to the Office [illegible] of each week.

77315

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77515 *Office of Registrar of Vital Statistics.* Ward 17"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1884 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Aug 14" 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & Fredk Koch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, Months. 2 Hours Days

Color

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 372 Hanover St in the rear

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Weakness

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 15 1884

Undertaker, B Harle

Place of Business, 82 West St

James A. Steuart M. D.
Medical Attendant.

Coun. of Health Registrar

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

By W. E. Roberts Sanitary Inspector

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office where issued, Saturday of each week. No. 7751

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7751 6 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. L. Beall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 6 *Days,*

Color, Wh

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bach.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Penn. Ave & Hoffman St

Cause of Death, First (Primary), Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, Afternoon

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cem, Philada Road

Date of Burial, August 15th 1884

Undertaker M. A. Daigh

Place of Business, 745 Broadway

E. B. Britton M. D.
Medical Attendant.

Address, 51 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 77517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Edward Smith

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, one *Years,* one *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 30 Sharp Street N.

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Aug 15-1884

Undertaker, W I Gray.

Place of Business, Mulberry St

D J Reinhart M. D.
Medical Attendant.

Address, 156 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Keepers of Cemeteries in City of Baltimore will [illegible]
Permits for B[illegible]

No. 7737

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 14

Permit No. 1451 S.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 14th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Raphael Esposito

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, — *Years,* 8 *Months,* — *Days,*

Color, White

Married, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } No 9 Plowman St.

Cause of Death, First (Primary), Teething & Artificial Food

Second (Immediate), Cholera Infantum,

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Aug 15th 84

Undertaker Jas McGinnis

Place of Business, 1 & 3 Plowman

H. Ridgway Andre M. D.
Medical Attendant.

Address, No 121 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Keepers of Cemeteries in City of Baltimore [illegible]

Permits for Burials, to the Office whence issued Saturday of each week.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77519 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 16 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 15th August 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 8 *Months.* 16 *Days* ✓

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 144. York St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, 7th Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn

Date of Burial, Aug. 17th 1884

Undertaker, Chas. H. Ware

Place of Business, 125 E. Howard St.

L. D. Dyer M. D.

Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. 7732

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77520 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel H. Cole

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Drayman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md

Duration of Residence in the City of Baltimore, 4 or 5 Years

Place of Death, {Give Street and Number.} Middle Branch Patapsco River

Cause of Death, First (Primary),

Second (Immediate), Drowned Accidental

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mar[illegible] Cemetery

Date of Burial, Aug 16th 1884

Undertaker, Wm. M. Chase

Place of Business, 173 S. Howard St.

T. A. Bell M. D.
Medical Attendant
Coroner 2d Dist

Address, 461 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permits for Burials, [illegible] of each week. 152

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7752 / *Office of Registrar of Vital Statistics.* Ward 12 /

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 16 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia C. Cook.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 17 *Years,* ..... *Months,* ..... *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, House Girl

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 25 Mason alley

Cause of Death, First (Primary), Typho-Malaria

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, August 16, 1884

Undertaker A. J. Hemsley

Place of Business, ...

[signature] M. D.

Medical Attendant.

Address, 192 Linden Ave

DR. C. MARION DODSON.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital [illegible]s in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in [illegible]city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the ca[illegible] under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintendi[illegible]urial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether ma[illegible]or single) of the person deceased, and the cause and date of death.

[OVER.]

Permits for Burials to the Office whence issued, Saturday of each week. 0. 715

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 77522 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 16 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Weber

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 47 *Years,* 7 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and Number.} 322 S. Bond st

Cause of Death, First (Primary), Intussusception

Second (Immediate), Septicemia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial August 17 84

Undertaker Michael Kunk

Place of Business, 35 Bank St

L O Brockett M. D.
Medical Attendant.

Address, 121 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials

No. 77320

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 77323 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT
AUG 16 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 15th 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Fleischer

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 6 *Years,* *Months.* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 33 Parkin St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Paralysis of Heart.

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mound Carmel Cem

Date of Burial, Aug 16 84

Undertaker Andrew Rohde

Place of Business, 45 Vanna Ave

J. H. Miller M. D.
Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 7752

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7752 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 16 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 15 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Norbert Kowkolawski

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months.* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bolemia

Duration of Residence in the City of Baltimore, 2 Days

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), asthenia

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Carmel Cem.

Date of Burial, Aug 16th 1884

Undertaker, H. Sander & Son

Place of Business, 252 Eastern av

WEST M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77525 *Office of Registrar of Vital Statistics.* Ward 1 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

AUG 16 1884 BALTIMORE, MD.

Date of Death, August 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore A. Nelson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years~~, 1 Months. 2 ~~Days~~

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 212 Gough st

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, 1 Months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, August 16th

Undertaker, Jas C Schultz

Place of Business, 265 Aliceanna *Address,* 22 Jackson Square

Thomas B Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Permits for Burials, to the [illegible] Saturday of each week [illegible] to the Remarks be[illegible] Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77526 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 16 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Kojinska

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 1/2 Yrs.

Place of Death, {Give Street and Number.} 221 S Regester

Cause of Death, First (Primary), Peritonitis

Second (Immediate), Convulsions

Duration of Last Sickness, 7 wks.

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cemetery

Date of Burial, August 17th 84

Undertaker, Jas. C. Schuh

Place of Business, 965 Hillsdale Address, 2143 Aliceanna St

John H. Pehlinger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics. Ward 13

Permit No. 7752

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

AUG 16 1884 BALTIMORE MD.

Date of Death, Aug. 15. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno W Miles

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Years, 2 *Months,* 24 *Days*

Age,

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 21 Ryan, Pr

Cause of Death, First (Primary), Gastro Enteritis

Second (Immediate), Two Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Int. Olivet Cem

Date of Burial, Aug 17/84

Undertaker, J. B. Cook & James Braley M. D. Medical Attendant.

Place of Business, 707 W Balto St *Address,* 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 77528 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William B Meginney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* Three *Months,* Nine *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Island Maryland

Duration of Residence in the City of Baltimore, Ten Months

Place of Death, {Give street and number.} No 17 Montrose Street

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Queenstown Md by Boat.

Date of Burial, Aug 16/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

H S Bruce M. D., Medical Attendant

Address, 225 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3371 Trans/ [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77529 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

REGISTERED AUG. 16 1884 BALTIMORE, MD.

Date of Death, August 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Wood

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* ..... *Months.* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New-York state

Duration of Residence in the City of Baltimore. 10 years

Place of Death, {Give Street and Number.} № 410 E. Pratt St.

Cause of Death, First (Primary). Cancer in abdomen

Second (Immediate), the same

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, August 16 1884

Undertaker, M. A. Sayer

Place of Business, 74 N. Broadway *Address,* 169 N. Charles St.

Henry Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 77530 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 16 1884 B

BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Herzberg
Sarah

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and Number.} 28 Augusta St

Cause of Death, First (Primary),

Second (Immediate), Cancer of Liver

Duration of Last Sickness, about One year

the above information should be furnished by the Physician.

Place of Burial, Eden & Heb. Cemetery

Date of Burial, August 17th 1884

Undertaker Wm Claus

Place of Business, 101 Gough St

H. Ulrich M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7753 / *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 15 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Martin

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 8 *Months,* ..... *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} E. Monument near Caroline

Cause of Death, First (Primary), Cholera infantum

Second (Immediate), Eclampsia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, August 16 1884

J. Mathews M. D.
Medical Attendant.

Undertaker John Heneage

Place of Business, 382 Orleans St *Address,* 294 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77532

Office of Registrar of Vital Statistics.

Ward 5-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

AUG 16 1888
BALTIMORE MD.

Date of Death, Aug. 15" 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Dietz (Sister Mary Ernestine)

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sister of Notre Dame

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Convent of Notre Dame Augusta Co.

Cause of Death, First (Primary), Consumption 6 Mos.

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Aug 17

Undertaker, Adam Fink

Place of Business, 461 W Pratt

John F. Morrison M. D.
Medical Attendant.

Address, Elm Cabin & Pine Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 77533 *Office of Registrar of Vital Statistics.* Ward 7/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 15, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Labeck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Eight *Months,* Thirteen *Days,*

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Maryland.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Bolan Avenue & N. W. Wakington Av.

Cause of Death, First (Primary), Indigestion (Artificial Feeding)

Second (Immediate) Chronic Gastro-Intestitis Enteritis

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Aug 17. 1884

Undertaker Wm H Huchman

Place of Business, 234 N. Gay St *Address,* Bolan Avenue

J. Fussell Martenet M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 77534 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1884 BALTIMORE, MD.

Date of Death, Aug 15. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie M. Holland

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queen Anns Co. Md

Duration of Residence in the City of Baltimore, 2 Weeks

Place of Death, {Give street and Number.} Nursery Mohick Hospital

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Fondren Park

Date of Burial, Aug 16

Undertaker, C. H. Blizzard

Place of Business, 201 Druid

C. H. Bryan M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 77535 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH AUG 16 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 14, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Bettie Carey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal-nutrition

Second, (Immediate,) .....

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 16

Undertaker, C. H. Durant

Place of Business, 211 N. Penna

C. F. Brune M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 170

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

Ward 13

Permit No. 77536

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 16 1884
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 16/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. allen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 24 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Tin-can-maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and Number.} 25 N. Poppleton St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), " "

Duration of Last Sickness, 18 months

the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Aug 18/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 179 N Howard

Thos Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 7753 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 16 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 16th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Denz

Sex, Male or Female. {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 175 Sterling

Cause of Death. First (Primary), Dentition

Second (Immediate),

Duration of Last Sickness, 2 months

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, August 17 1884

Undertaker Henry Koch

Place of Business, 309 Eutaw ave

E. B. Fenby M. D.
Medical Attendant.

Address, 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 77538

Office of Registrar of Vital Statistics.

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 15 — "84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Addeu

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~Colored~~ Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} Ensor St. bet. Preston & Biddle.

Cause of Death, First, (Primary.) Suffocation, caused by the sand

Second, (Immediate.) accidental caving in of a bank

Duration of Last Sickness, Died instantly

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 17th

Undertaker, Thos. F. Tocke

Place of Business, 73. Jefferson. st

Alexander Hill, M.D.,
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7539 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 16 1884 BALTIMORE, MD.

Date of Death, August 16th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Edward Batchler

Sex, Male or ~~Female~~, {Cross out the word not required to this line.}

Age, ~~Years,~~ 1 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 257 Williams St

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, August 17

Undertaker, B. Ward

Place of Business, 42 West St

Robert S. Rowe M. D.
Medical Attendant.

Address, 833 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of ____ is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77540 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Nicol

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 9 *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 378 Alice Ann

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Dale Cem.

Date of Burial, Aug. 17th 84

Undertaker, G. Franc

Place of Business, Bank & Wolfe Sts *Address,*

E. Williams *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77541 *Office of Registrar of Vital Statistics.* Ward 6 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Enge

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* 10 *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 36 years.

Place of Death, {Give Street and Number.} 46 N. Chapel St

Cause of Death, First (Primary), Paralysis

Second (Immediate), Brain trouble

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, Aug. 17th 84

Undertaker, G. L. Franc

Place of Business, Bank & Wolfe *Address,* 205 N. Central Ave

Francis A. Sacer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 77524 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 16 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 15th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Howard Weeks

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 9 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Since Born

Place of Death, { Give street and Number. } Off Wells Oyster House Smith Street Dock

Cause of Death, First (Primary),

Second (Immediate). Drowned Accidentally

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 16th 1884

Undertaker Geo W Perkins

Place of Business, 226 Hamburg

L A Bell M. D.

~~Medical Attendant~~ Coroner 5th Dist

Address, 161 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7743 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 16 1884

Date of Death, Aug. 15th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Gover

~~Sex,~~ *Male* ~~or Female~~, {Cross out the word not required in this line.} — — —

Age, 4 0 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, Book Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 18

Place of Death, {Give Street and Number.} 239 N. Mount st

Cause of Death, First (Primary), Sudden death of

Second (Immediate), Heart disease

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Sunday Aug 17th

Undertaker, John. N. McCoy

Place of Business, 22 W. Fayette St

I Certify that I attended Deceased from Aug 15 1884 to Aug 15 1884 and that I last saw Deceased alive on Aug 15 1884 and that Death occurred at 10 o'clock A.M. on the date last mentioned.

W. A. Jones M. D.

~~Medical Attendant.~~ Coroner

Address, 326 Hallin st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 7754 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug "16" 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James G. Warfield

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* few *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 5 Church St

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Aug "16" 1884

Undertaker, B Hasle

Place of Business, 52 West St

James A Stewart M. D.

~~Medical Attendant~~ Comm "of Health & Registrar

Address, Dec 1 Thau

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Dunning

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 77575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 16th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank L. Hoyt.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 22 *Years,* 11 *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Lumber dealer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 311 McCulloh St.

Cause of Death, First, (Primary,) Thrown from Carriage.

Second, (Immediate,) Concussion of Brain

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cem

Date of Burial, Aug 18th 1884

Albert Smith M. D.
Medical Attendant.

Undertaker,

Place of Business,

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 77326 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 16. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Rodgers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 82 *Years,* 11 *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} # 71 E. Biddle st.

Cause of Death. First (Primary). Senility

Second (Immediate).

Duration of Last Sickness, 2 months

the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 18th

Undertaker Jas P. Byrne

Place of Business,

Geo. A. Hartman M. D.
Medical Attendant.

Address, # 305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7757 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Diana Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* ..... *Months.* ..... *Days*

Color, Colored

Married, ~~*Single,*~~ *Widow* or ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Accomac Co. Virginia

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give Street and Number.} 153 Hanover St

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 16 1884

Undertaker, H Post

Place of Business, 95 Commerce *Address,* 161 S. Sharp St

Chas. J. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 77548 *Office of Registrar of Vital Statistics.* Ward 15"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa N. Ruppel

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* 2 *Months,* *Days,*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give street and Number.} 1st 100 Hamburg St

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 5 Mths.

All the above information should be furnished by the Physician.

Place of Burial, German Lutheran Cemetary Druid Hill Park

Date of Burial, August 18th 1884

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw St

Geo. A. Strauss M. D.,
Medical Attendant.

Address, 266 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 77549

Office of Registrar of Vital Statistics. 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Baker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} No 321 Penna Ave

Cause of Death, First, (Primary.) Nervous Prostration brought on

Second, (Immediate.) by Exhaustion

Duration of Last Sickness, Part of one day

All the above information should be furnished by the Physician.

Place of Burial, Carroll County Md.

Date of Burial, August 17th 1884

James Dunlap M.D.,
Medical Attendant.

Undertaker, Wm. S. Weaver

Place of Business, No 202 N. Eutaw St *Address,* No 14 Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3373 Fremont

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Board of Health, City of Baltimore,

Permit No. 17379 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 16 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 14 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie A Sanders

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 4 Months, 14 Days,

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and Number.} No 4 Canal St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 1 Month

All the above Information should be furnished by the Physician.

Place of Burial, Shorpe St Cemetery

Date of Burial, Aug 16 1884

Undertaker, William Dunger

Place of Business, # 62 East St

A Nelson M. D.,
Medical Attendant.

Address, Fulton Calhoun

50

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFET

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 77357 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Catherine L. Fallhaus

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 21 McElderry St

Cause of Death, First (Primary), Progressive Pernicious Anaemia

Second (Immediate), Hydro pericardium. Ascites. Exhaustion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 17 1884

Undertaker, James P. Byrne

Place of Business, No 63 ½ W Fayette St

Geo. S. Reynolds M. D.
Medical Attendant.

Address, 171 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 77552 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8. 16. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud Gunby

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 8 Months. 2 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Infant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 8 Mos 2 da

Place of Death, {Give Street and Number.} 506 N. Fayette St

Cause of Death, First (Primary),

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Monday Aug 18

Undertaker, Hughes & Turner

Place of Business, 60 E Balto St Address, 467 N Fayette

L. L. Dittus M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7755 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 17 1894 BALTIMORE

Date of Death, August 16th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Gregnia

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— Years, 10 Months, 28 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 3 Garrett Pl

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 17th 94

Undertaker J. J. Mueller

Place of Business, 150 Lemmon

D W Cathell M. D.
Medical Attendant.

Address, 211 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77154 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, August 16. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emelie C. Trauer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 216 E. Madison St.

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Union Chappel Harford Co Md.

Date of Burial, Aug 18th 1884

Undertaker George Schilling

Place of Business, Ashland & Lyman *Address,* 75 E Balto St.

J. W. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Daniel 3373

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7755 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other, person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matthew S. Poland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 79. Flemit St (Barnes)

Cause of Death, First (Primary), Contusion of the Abdomen

Second (Immediate). from a Cart passing over body

Duration of Last Sickness, Death Same Day

All the above information should be furnished by the Physician.

Place of Burial, St Peters Catholic Cem

Date of Burial, August 18th 1884

Undertaker Wm J. Tickner

Place of Business, 65 S. Eutaw St *Address,* 288 W. Lombard

Edw F. Michael M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7756 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 15, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Sims

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Two *Months,* ——— *Days*

Color, ~~*or*~~ Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 37 Canal Alley

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), " "

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, August 17th

Undertaker, Charles Serrin

Place of Business,

P. O. Browne M. D.
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7757 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 16th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank L. Wylie

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *Years,* 4 *Months,* 11 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 5 Oliver Pl

Cause of Death, First (Primary), General Debility

Second (Immediate), Enteritis

Duration of Last Sickness, 5 Wks

the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, August 18th

Undertaker Charles Ocriven

Place of Business,

Wm. S. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7718 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 16 " 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Elizabeth Newcamp

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, *Years,* *5 Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} E. Monument at near Patterson Park

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Ft. Alpheus

Date of Burial, Aug 18 1884

Undertaker, Henry Hoeck

Place of Business, 309 N. Eutaw *Address,* 325 E. Baltimore

P. G. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, aug 16 h. 11 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Stevens

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, Years, 9 Months, 2 1 Days.

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 26 N. Central av

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery.

Date of Burial, August 17 1884

Wm N. Hill M. D.
Medical Attendant.

Undertaker, Henry Mc Ginnis

Place of Business, 78 N Central Address, 196 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7756 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mrs Mary Prendergast

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ... *Years,* ..... *Months.* 20 hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} Cor Lee & Charles Sts

Cause of Death, First (Primary), ...

Second (Immediate), Premature birth

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Aug 17th "/84

Undertaker, C. P. Knauer & Son

Place of Business, 209 Hanover. *Address,* 15 / Hanover St

J. C. Bucks M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore, 1884.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7756[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 15 84 10 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Nelson

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, Dark Negro

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} V

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 103 Vienna Ave Balto. Md

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give street and number} 103 Vienna Ave Balto.

Cause of Death { First, (Primary,) Indigestion
Second, (Immediate,) Convulsions

Duration of last Sickness, Three Days.

All the above information should be furnished by the Physician.

Place of Burial, Shades Stat

Date of Burial, Sunday

Undertaker, Coleman

Place of Business, 12 Hamilton St

William Lee M. D.
Medical Attendant,

Address, Hoffman & Eastern Ave
Cor. Gay & Aisquith Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 17162 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank M. Nields

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 10 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 304 N. Mount St.

Cause of Death,
First (Primary), Dentition
Second (Immediate), Hydrocephaloid

Duration of Last Sickness, Unknown 1 Months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, Aug 17/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* Arlington cor Mahan St.

James Bacon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 77163 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 16, 84,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Maycette Peny

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6, *Months,* —— *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and Number.} 23. Arlington Ave,

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 Month.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Aug 17/84

Undertaker, J. B. Cook

Place of Business, 707 E. Balto St.

L. R. Nelson M. D.,

Medical ~~Attendant~~.

Address, 584 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77564 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16th 1884 (Aug 16/84)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno J Cunningham

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, One *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 40 Ramsay

Cause of Death, First (Primary), ~~Whooping Cough~~

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 17 84.

Undertaker, Philip J. Dill

Place of Business, 189 Columbia Av

Jno D Blake M. D.
Medical Attendant.

Address, 188 Race

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77565 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1862 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 16 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry M Co Allen

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 240 Lemon St Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 240 Lemon St

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Blood poisoning

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bo Fellis

Date of Burial, Aug 17

Undertaker, John J Bowan

Place of Business, Pole Line 2 Wolling

only saw the child one day before death

J. W. Clark M. D.

Medical Attendant.

Address, Balto Gen Disp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77166 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kohpernagle

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 10 *Years,* 5 *Months,* 13 *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, School Boy

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Commercial Wharf

Cause of Death, First (Primary), Accidentally Drowned.

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallo Cem.

Date of Burial, Aug 18th 84

Undertaker, C. Franc

Place of Business, Bank & Wolf

E Hall Guthrie M.D.
~~Medical Attendant.~~
Coroner

Address, 178 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7756 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 17 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 17th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Viena Baumeister

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 98 Thames St.

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Cosmos

Date of Burial, Aug 18th 84

Undertaker, G. J. Francis

Place of Business, Jones & Wolf *Address,* 243 Aliceanna

Jno. A. Kilburger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 17568 *Office of Registrar of Vital Statistics.* Ward X

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Wagner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 525. Paca St

Cause of Death, First (Primary), Chronic Enteritis

Second (Immediate), Exhaustion

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St. alphonsus

Date of Burial, Aug 18. 1884

Undertaker, G. France

Place of Business, Bankert Wolff *Address,* 154 Hanover

D Libertus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 77569 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 17 1884 BALTIMORE

Date of Death, Augt. 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Snell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2. *Months,* ..... *Days,*

Color, C.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 301. Vincent alley

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 301. Vincent alley

Cause of Death,
First (Primary), Marasmus
Second (Immediate), —

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial Sharp St. Cem.

Date of Burial, Aug 17th 1884

Undertaker Wm J. Gray

Place of Business, 65 Mulberry *Address,* .....

G. W. Ames *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7770 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 August 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lettie Roshagen

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 2 *Years,* — *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} 335 W Pratt St.

Cause of Death, First (Primary), Fall from a window

Second (Immediate), Internal injuries

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 18th 1884

Undertaker, Ernst Lohlamen

Place of Business, 181 Sharp *Address,* 205 W Lombard St

A Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 27571 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 16/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary. Murt.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give Street and Number.} 70 W. Lexington St.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Albuminuria

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Aug 18/84

Undertaker, H. O. Wiedefeld

Place of Business, 90 Greenmount Ave

Edward J. Mudd M. D.
Medical Attendant.

Address, 54 Augusta St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 7752 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 184.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Thomas

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months.* *Days*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give Street and Number.} 96 Montgomery St.

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 18 Aug 1884

Undertaker, Geo W Perkins

Place of Business, 221 Hanover *Address,* 158 S. Sharp St.

E. Nicheau, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 17673 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine A. Schwerdt

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *10 Months,* *18 Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 344 E. Lombard st.

Cause of Death, First (Primary), Dentition

Second (Immediate), Catarrhal Catarrh

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, August 19 1884

Undertaker, Michael Frank

Place of Business, 35 Bank St

G G Rusk M. D.
Medical Attendant.

Address, 392 E. Lee st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 77574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Aug 16th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Dow

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, Nineteen *Years,* ——— *Months,* twenty-three *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Glasgow Scotland 2 months and 2 days in Bc. 8.

Duration of Residence in the City of Baltimore, 2 months 3 days

Place of Death, {Give street and number} 1 N. Carey Street

Cause of Death {First, (Primary,) Exhaustion
Second, (Immediate,) Typhoid Fever

Duration of last Sickness, Twenty-one (21) days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Aug 18th 1884 Charles Getz, *M. D.* Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 579 Lafayette *Address,* 579 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 7755 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dunn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, C

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 263 Chew St

Cause of Death, First (Primary), Meningitis

Second (Immediate), Effusion, brain

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 19 1884

Geo. O. Reynolds *M. D.*

Medical Attendant.

Undertaker, Henry Hook

Place of Business, 32 N Howard St *Address,* 171 W. Conway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77076 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th August. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Hannah J. Garrison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eighty (80) *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None other than Lady of House. & subsequently Boarding.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} 173 Townsend Street Baltimore.

Cause of Death, First (Primary), Senile Bronchorrhea & Senile Gangrene.

Second (Immediate), Exhaustion of old age.

Duration of Last Sickness, about One Month.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls R.C. Cemetery

Date of Burial, Aug 19th 1884

Undertaker, John R. Mongle & Co

Place of Business, 320 Penn-Ave *Address,* 47. Franklin St.

W. C. Van Bibber M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 August 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Eliza ann Stewart

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, Mulatto

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} 7 Madeira alley. Lexington

Cause of Death, First (Primary,) Dilatation of Heart

Second (Immediate,) Fall.

Duration of Last Sickness, Unknown - but some months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 18th 1884

Undertaker, Robt Stewart

Place of Business, 7 Madeira Alley

J. F. Leonard M.D.
Medical Attendant.

Address, 214 E Balt St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Page 2 of this Certificate.

Board of Health, City of Baltimore.

Permit No. 77578 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Naughton

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, — *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 30 N. ~~Paca~~ Fremont

Cause of Death. First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, Nearly Sickly since birth

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem.

Date of Burial, Aug 19 1884

Undertaker Jas. O'Byrne

Place of Business, 63 E. Lee *Address,* 283 N. Fremont

Edw'd. Michael M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7759 *Office of Registrar of Vital Statistics.* Ward 6 9 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 18 1884 BALTIMORE

Date of Death, Aug. 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Neucamp

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* 5 *Months,* ... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} E. Monument near Patterson Park Av.

Cause of Death, First (Primary), Cholera infantum

Second (Immediate), ...

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cem'y

Date of Burial, August 18, 1884

P. G. Daniel, M. D.
Medical Attendant.

Undertaker, Henry Koch

Place of Business, 309 Central av. *Address,* 325 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 77588 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jan Hay Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* — *Months,* — *Days*

Color, Blk

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Sand Boy

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Entire

Place of Death, {Give Street and Number.} Car Repairing + Erect

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Suffocation

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 19 1884

Undertaker, H Ellis

Place of Business, 95 Lanvale St

D A Pim M. D.
Medical Attendant.

Address, 181 Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7736 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1894 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, August th 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Brassar

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 13 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 9 weeks

Place of Death, {Give Street and Number.} No 5 Slimmers Ally near Pratt St

Cause of Death, First (Primary), ... Second (Immediate), Spasm

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross

Date of Burial, August th 18

Undertaker, James McDinnis

Place of Business, Pleasant

Thomas H Steuart M. D.
~~Medical Attendant.~~

Address, Camp Near V R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Emanuel Weinman

Board of Health, City of Baltimore.

Permit No. 77382. *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 18 1884 BALTIMORE

Date of Death, August 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Nagle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days,*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 61 Clifford St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Septicaemia

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cmty

Date of Burial, Aug 18th 1884

Undertaker John A Mackin

Place of Business, No 150 London

H. H. Hebner M. D.
Medical Attendant.

Address, 598 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77583 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18[illegible] 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 1 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sebleski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 5 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} # 269 S Wolfe St.

Cause of Death, First (Primary), Inanition

Second (Immediate), ...

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, Aug 19th 84

Undertaker, G. Frank

Place of Business, Bank & Wolfe

John H Rehberger M. D.
Medical Attendant.

Address, 243 Aliceanah

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77584 *Office of Registrar of Vital Statistics.* **Ward** 9 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Aug 17th 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie & Ryan, { Parent

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 1 *Months,* 3 *Days,*

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } 66 Davis St

Cause of Death, First (Primary), Gastro Enteritis

Second (Immediate), ...

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 18th 84

Undertaker Edward Mason

Place of Business, 12 Hamilton St *Address,* 57 N Calvert St

E. Duker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 77885 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE AUG 19 1884

CERTIFICATE OF DEATH.

Date of Death, August 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml Pritchett (Col'd)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland (Queen Ann Co.)

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, {Give street and Number.} No 6 S. Eden st

Cause of Death, First (Primary), Chron. Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Aug 19th 1884

Undertaker Jas. H. Chase

Place of Business, 198 S. Howard

L. O. Whitewright M. D.
Medical Attendant.

Address, 12 S. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7586

Office of Registrar of Vital Statistics.

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Aug. '8

Date of Death, ~~Mary Johns~~ About Dec. 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Johns

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 7 years.

Place of Death, {Give street and number.} Long Dock

Cause of Death, First, (Primary.) Asphyxia, caused by acci-

Second, (Immediate.) dental ~~drowned~~ drowning.—

Duration of Last Sickness, Death was immediate.

All the above information should be furnished by the Physician.

Place of Burial, Shorp St Cemetery

Date of Burial, Aug 17 1887

Undertaker, William N Dugan

Place of Business, 62 East St

Alexander Hill, M.D.,

Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 77587 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 17th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levy Johnston

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give street and Number.} 214 Chestnut al.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 17 1884

Undertaker, W. A. Bonnet & Sons

Place of Business, 62 East St

H. F. Hill M. D.,
Medical Attendant.

Address, 232 Lanvale Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 7558 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Small

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 9 *Months.* *Days* 0

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give Street and Number.} 141 York St

Cause of Death, First (Primary), —

Second (Immediate), Cholera Infantum

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 18/884

Undertaker, F. P. Ross

Place of Business, 95½ Conway

Ed A Bell M. D.
Medical Attendant.

Address, 101 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 77589 *Office of Registrar of Vital Statistics.* Ward 13"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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CERTIFICATE OF DEATH.

Date of Death, August 18/04

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Child

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 Years. 8 Months. V Days

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 9 & Park Ave

Cause of Death, First (Primary),

Second (Immediate), Dysentery

Duration of Last Sickness, two (2) days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Aug 19

Undertaker, J P Cook

Place of Business, 707 W Baltimore St

A. L. Shuman M.D.
Medical Attendant.

Address, 319 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 7790 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 18 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie R. Ochlrich

Ochlrich

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Died in Co. U.S.A.

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and Number.} 938 N Baltimore

Cause of Death. First (Primary), Marasmus

Second (Immediate), ~~Fine marks~~ Fine marks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 19 84

Undertaker Philip J Dill

Place of Business, 183 Columbia Av *Address,* 594 N Fayette

John Hood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7754 *Office of Registrar of Vital Statistics.* Ward 12/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 18th. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alphonsus,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life -

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug. 19/84

Undertaker, Mark McVeagh.

Place of Business, Simon & Simon

R. M. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77592 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Killmon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, one *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 165 West Street

Cause of Death, First (Primary),

Second (Immediate), Cholera Infantum

Duration of Last Sickness, one Week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, August 19th 1884

Undertaker, Daniel Fahy

Place of Business, 109 West St

E. Tricheau M. D.
Medical Attendant.

Address, 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17593

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Belle Fisher

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 4 *Months,* 14 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 327 Myrtle av.

Cause of Death, First (Primary,) Valvular Disease of Heart with Dilatation

Second (Immediate,) Asthenia

Duration of Last Sickness, I do not know: first seen by me July 25 1884

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 20th 1884

Undertaker, Wm. Weaver

Place of Business, 202 N. Eutaw.

S. E. Chew M. D.
Medical Attendant.

Address 141 Lanvale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 18th. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. Edward Hill

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 37 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number} 1 Painters Court.

Cause of Death, First, (Primary,) ~~Asthenia~~, Valv. Dis. of Heart

Second, (Immediate,) Asthenia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 19th 84

Undertaker, W. W. Middleton

Place of Business, —

J. W. Bale M. D.
Medical Attendant.

Address, 174 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77595 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th of August

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Gross

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months, 1 Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 517 Stockton Alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Thorpe Cemetery

Date of Burial, Aug 19 1884

Undertaker, William Monroe

Place of Business, 62 East St

F. F. Benson M. D.

Medical Attendant.

Address, 187 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 77696 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Steger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* 7 *Months,* 5 *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Wood Turner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and Number.} 136 N Wolf

Cause of Death, First (Primary), Consumption

Second (Immediate), Asthenia

Duration of Last Sickness, 2 years

the above information should be furnished by the Physician.

Place of Burial, St Paul Cem.

Date of Burial, August 20th 1884

Undertaker L. Ritz

Place of Business, 129½ S. Broadway

Gillow awek M. D.
Medical Attendant.

Address, 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7597 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE 1884

CERTIFICATE OF DEATH.

Date of Death, Aug. 18 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Dillfelder

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 22 *Years,* 3 *Months,* 22 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widower

Occupation, Barber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 341 Eastern Av.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cem

Date of Burial, Aug 20. 1884

Undertaker, L. Ritz

Place of Business, 129½ S. Broadway

Pierre G. Dausch M. D.
Medical Attendant.

Address, 325 Eastern Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77598 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 17/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis A. Busch

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months.* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Son

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give Street and Number.} 316 S. Bond St.

Cause of Death, First (Primary), General Debility

Second (Immediate), Apoplexy

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 19th 1884

Undertaker, H. Snyder & Son

Place of Business, 252 Eastern Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7599 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Aug 17. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Lorenmore (Lorenmore)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Ever since birth

Place of Death, {Give Street and Number.} 216 E. Pratt St.

Cause of Death, First (Primary), Haemoptysis

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, Three Mos.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 20th 1884

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave

G. G. Kuck M. D.
Medical Attendant.

Address, Balt. & Pratt Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7600 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 17 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl B. Haring

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, [illegible]

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} Gilmor St & Edmondson Ave

Cause of Death, First (Primary), [illegible]

Second (Immediate), Meningitis Cerebral,

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug 19th 1884

Edward Bates M. D.
Medical Attendant.

Undertaker, C. F. Krause & Son

Place of Business, 209 Hanover St *Address,* 1469 Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7760 / *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 19. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Eiring

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 5 *Months,* 4 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 95 York St

Cause of Death, First (Primary),

Second (Immediate), Epithelioma of the tongue

Duration of Last Sickness, 5 & 1/2 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Aug 21 1884

Undertaker, C. F. Braun & Son

Place of Business, *Address,* 146 Harrison

Thomas Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77604 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 18 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Xavier Schuch

~~*Sex,*~~ *Male* ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, 2 *Years,* 11 *Months,* ——— *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 105 N. Amity

Cause of Death, First (Primary), Gastro-Enteritis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, August 20 1884

Undertaker Reuben Keeley

Place of Business, 214 E. Baltimore *Address,* 245 S. Baltimore

J. Guthrie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 77603 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 17th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Mary Albert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 81 *Years,* — *Months,* 7 *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and Number.} 72 Mulberry st

Cause of Death. First (Primary), Old Age

Second (Immediate), Prostration

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Ht Olivet Cemetery

Date of Burial, Aug 20 1884

C. L. Buddenbaum M. D.
Medical Attendant.

Undertaker Rosenberger

Place of Business, 70 Mulberry *Address,* 166 S Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 77604 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Auguste Hoenberger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* 10 *Months,* 13 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 133. S. Fremont st

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate), Prostration

Duration of Last Sickness, 2 Months

the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 20. 1884

Undertaker Philipp J. Dill

Place of Business, 183. Columbia Ave

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 166. S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77605 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 19 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Aug" 18" 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Castle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* four (4) *Months.* ~~~ *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 231 Hughes St.

Cause of Death, First (Primary), Cho" Infantum

Second (Immediate),

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Aug" 18" 1884

Undertaker, H Rau

Place of Business, Conway St.

James A Steuart M. D.
Medical Attendant

Comm'r of Health & Registrar
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E Dunding Inspector

[OVER.]

Board of Health, City of Baltimore.

Permit No. 77606 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1884 BALTIMORE

Date of Death, Aug. 18. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lamartine Porter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} * 37 Jackson St.

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate),

Duration of Last Sickness, Several years. but confined to house for one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 20th 1884

Undertaker Henry H. Mears

Place of Business, 45 N. Gay St *Address,* * 306 N Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

Board of Health, City of Baltimore, 77

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 77607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Kraetel

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co. Md.

Duration of Residence in the City of Baltimore, 10 Months

Place of Death, {Give street and number} 119 N. Paca St

Cause of Death, First, (Primary,) General Debility

Second, (Immediate,) Sequel to Whooping Cough

Duration of last Sickness, A Number of weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Aug 20th/84

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

J. Lingling M. D.
Medical Attendant.

Address, 152½ N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7760 8 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19th Aug. 84

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Johannes

~~Sex~~, *Male* ~~or Female.~~ {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 year

Place of Death. {Give street and Number.} 54 h. Bond

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 week

All the above information should be furnished by the Physician.

Place of Burial, Most Holy Redemer Cemet

Date of Burial, August 20th 1884

Undertaker Louis C. Koehler

Place of Business, 388 E. Fayette st *Address,* 245 S. Bethesda

J. Harris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 77609 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Richard Hamilton Younger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lower Marlboro Calvert co Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 533 Franklin St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Hemorrhage from the bowels

Duration of Last Sickness, 10 days

the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 20/84

D. P. Hoffman M. D.
Medical Attendant.

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address,* 279 west Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77610 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 18[illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 19/84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Verna Smith

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 28 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, { Cross out the word not required in this line. }

Occupation Housewife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Massachusetts

Duration of Residence in the City of Baltimore, 9 years

Place of Death. { Give street and Number. } 430 Saratoga

Cause of Death, First (Primary), Acute Gastritis

Second (Immediate)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Aug. 20/84

J. G. Mellen *M. D.*

Medical Attendant.

{ *Undertaker* J. B. Cook

{ *Place of Business,* 707 W. Balto St *Address,* 188 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7761 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Geo. Robb Adams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* One *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 28 Washington Road

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Aug 20/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto *Address,* 158 Reeves

Jno. D. Black M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 77612 *Office of Registrar of Vital Statistics.* Ward 57

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John T Orr

~~*Sex*~~, *Male or* ~~*Female*~~. {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Store Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death. {Give street and Number.} 103 Eastern Ave

Cause of Death. First (Primary), Typho-Malarial Fever

Second (Immediate), Pneumonia Congestion of pulmonary apoplexy

Duration of Last Sickness, about Ten days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cross

Date of Burial, Aug 20/84

Undertaker M. Fahey

Place of Business, 9 *Address,*

Chas O'Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77613 *Office of Registrar of Vital Statistics.* Ward 8 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 9 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Cronin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 167 N Front-

Cause of Death, First (Primary), cholera infantum

Second (Immediate), asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 29 1884

Undertaker, James D Byrne

Place of Business, No 63 N Front St.

D. Shell M. D.

Medical Attendant.

Address, 143 N Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77614

Office of Registrar of Vital Statistics. 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 19th Aug 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred Hemsley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 3 Months, 3 Days.

Color, Colored

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 17 Tyson alley

Duration of Residence in the City of Baltimore, 3 m

Place of Death, {Give street and number.} 17 Tyson alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness, Seen only once

All the above information should be furnished by the Physician.

Place of Burial, Thanksgiving Cemetery

Date of Burial, August 20 1884

C B Gunter M.D.,
Medical Attendant.

Undertaker, Alf Hemsley

Place of Business, 116 orchard st

Address, 39 Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77615 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Friedrich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* 5 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give Street and Number.} Blair Ave above Washington St

Cause of Death, First (Primary), Puerpal Fever

Second (Immediate), Septicaemia

Duration of Last Sickness, Eleven (11) Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, August 20th 1884

Undertaker, Peter Frey

Place of Business, 91 Stiles

H. Schnee M. D.
Medical Attendant.

Address, 1 E Eager bet Low

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7716 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Aug. 19 & 84

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Katharina Emerich

~~*Sex, Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 70 *Years,* 3 *Months,* 3 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation Home - work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death. {Give street and Number.} 103 Granby St

Cause of Death. First (Primary), Old age

Second (Immediate), Marasmus

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug. 21st. 1884

Undertaker Peter Frey

Place of Business, 91 Eastern Ave *Address,* 295 S. Belmont

J. Hartley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7761 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. 1884 BALTIMORE.

Date of Death, August 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Hardy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* 8 *Months,* 7 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Co Maryland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 66 Fort Avenue

Cause of Death, First (Primary), —

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore, C

Date of Burial, August 21

Undertaker, B. Whalen

Place of Business, 81 West St

D. Steele M. D.
Medical Attendant.

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 77618 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 18th 84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredk Haupp

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 23 years *Years,* 6 *Months,* 21 *Days,*

Color, White

~~Married~~ *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and Number.} 286 Hanover (286)

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 5 mos

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park

Date of Burial, August 20th

Undertaker, H. Brice

Place of Business, 81 Henrietta *Address,* 266 Hanover

Geo. Jones M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 77619 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 19 1894

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nathaniel T Williams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 34 *Years,* *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Providence R I

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and Number. } 191 N Howard St

Cause of Death, First, (Primary,) Cold

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 21st 94

Undertaker, Neufeldt Kies & Hess

Place of Business, Park & Saratoga

C. W. Chatham, M. D.,
Medical Attendant.

Address, 121 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 77620 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Schreier

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* 1 *Months.* 25 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Beer Brewer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} Cor Belair & Boundary Avenue

Cause of Death, First (Primary), Glycosuria et Albuminuria

Second (Immediate), General Dropsy

Duration of Last Sickness, Nine (9) Years

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery.

Date of Burial, August 21st

Undertaker, F. W. Ivell

Place of Business, 131 Hanover St *Address,* Cor Eager & Caroline

J. E. Steiner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 7762 / *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 17 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie E. Phillips

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} #537 McElderry St Rear

Cause of Death, First (Primary), Acute Albuminuria

Second (Immediate), Exhaustion

Duration of Last Sickness, One Month —

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 20 1884

Undertaker William N Dorsey

Place of Business, 62 East St

Geo. F. Taylor M. D.
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 77622 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cristine Kriegle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give Street and Number.} 91 Ridgley St.

Cause of Death, First (Primary), —

Second (Immediate), Intermittent Congestive Fever 7

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Emanuels Dem

Date of Burial, Aug 20th 1884 (Carlotta Roth)

Undertaker, Julius Koehler

Place of Business, Sharp & Crose St *Address,* 161

L. A. Bell M. D.

Medical Attendant.

Cerina Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 77623 *Office of Registrar of Vital Statistics.* Ward 6 T

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 19. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Davis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 7 Months, 6 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 107 Fairmount Ave.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, Three mos.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Aug 20/84

Undertaker, W. A. Bayer

Place of Business, 74 S Broadway

H. L. Luck M. D.
Medical Attendant.

Address, Balt & Fawn. Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7764 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Hollins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 54 Crofs

Cause of Death, First (Primary), Cholera Infantum 3d day of Sickness

Second (Immediate) .....

Duration of Last Sickness, 2 days.

the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Aug 21/84

Undertaker A. Hantz.

Place of Business, 103 & N 82.

Jno. A. Smith M. D.
Medical Attendant.

Address, 289 E. Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 77625 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 19 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Rummel

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 15 North St.

Cause of Death, First (Primary). Arbrial Meningitis -

Second (Immediate). Coma. -

Duration of Last Sickness, 4 days -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 20 84

Undertaker Philip F. Dice

Place of Business, 183 Columbia Ave *Address,* 2 & 2 S. Lombard

A. G. Watts M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77626 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG. 20. 1894 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August the 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Franklin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, for Life thime

Place of Death, {Give Street and Number.} No 2 Danes Alley

Cause of Death, First (Primary), Hereditary

Second (Immediate), Phthisis

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 20th

Undertaker, Mr Dunzer

Place of Business,

Ernest Stuver M. D.

~~Medical Attendant~~

Address, Canton 1642

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Emanuel Weinman

[OVER.]

Health Department, City of Baltimore.

Permit No. 7762 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 19 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick C Fogelsong

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, All his years

Place of Death, {Give Street and Number.} 9 E Monument 8

Cause of Death, First (Primary), Alcohol

Second (Immediate), Cerebral Congestion

Duration of Last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Int Carmel

Date of Burial, Aug 20/84

Undertaker, Fry & Bro

Place of Business, 814 Broadway *Address,* 108 Aisquith St

Hall Rutledge M.D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 27628 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Prosser

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 9 weeks

Place of Death, {Give Street and Number.} 5 Slemmers Alley

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Convulsions

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Aug 20 1884

Undertaker, James McGinnis

Place of Business, Florence St *Address,* Cor. of Health Register

James A. Steuart M. D.
Medical Examiner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 77629 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 18 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E Mills

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, W

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Shipjoiner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Yorkshire Co. Eng.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 82 Hill St

Cause of Death, First, (Primary,)

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet

Date of Burial, Aug 20 1884

Undertaker, Armiger & Chaney

Place of Business, 267 Fayette Address, 154 Park St

S Littlefield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 77630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 20 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Seipel

Sex, ~~Male~~ X *Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* 10 *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 85 Dower Str.

Cause of Death, First (Primary,) Consumtion of the Lungs.

Second (Immediate,)

Duration of Last Sickness, 18 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, August 21. 84

Undertaker, Philip J. Dice

Place of Business. 183 Columbia Ave

Adolph Boelsen, M. D.
Medical Attendant.

Address 114 Hanover Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 77631 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended [illegible] out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Augt 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella. Cole

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 3 *Years,* — *Months,* — *Days*

Color, Col

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 40 Forbes alley

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Charles St

Date of Burial, Aug 20/84

Undertaker, Wm H. Gray

Place of Business,

I Wm A Clemm M. D.

~~Medical Attendant.~~

Address, Dunf 1672

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Ernest Brown Secretary

[OVER.]

The special attention of Physicians is respectfully invited to the Notice below, also to Extract from Regulations on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 77632 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Brown

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Abt 40 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Deck hand - Steam Pilot Boy

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Abt 7 Years -

Place of Death, {Give street and Number.} Basin near Fells Point -

Cause of Death, First (Primary),

Second (Immediate) Drowned (Accident)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem[illegible]

Date of Burial, Aug 18 / 84

Undertaker Fred'k A Kirchner

Place of Business, 129 N Arlington Ave *Address,* 161 So Chapel St

Jas A Bell M. D.
Medical Attendant
Coroner So Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77633 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 19 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Incubator

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 74 Welcome Alley

Cause of Death, First (Primary), Hypertrophy of Heart

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 20 1884

Edward Cole M. D.
Medical Attendant.

Undertaker, H. Bass

Place of Business, 75 Conway st *Address,* 1116 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77634 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sluka

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 247 E. Eager st

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Aug 21 1884

Undertaker, Frank Lovas

Place of Business,

Edmund Stein M. D.
~~Medical Attendant.~~

Address, Eager 247

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M Reuen
Sanitary Inspector

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77635 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended my person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

A

CERTIFICATE OF DEATH.

Date of Death, August 19th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Verlanders'

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days,*

Color,

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 82 years.

Place of Death, {Give street and Number.} #920 Lemmon Street.

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, August 21. 84.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St.

Edwd C. Powell M. D.,
Medical Attendant.

Address, #29 Hisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 77636

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 19 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F Goodnight

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number.} 275 N Charles Street

Cause of Death, First, (Primary.) Cancer of Liver and Glands

Second, (Immediate.) Exhaustion dropsical effusion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial Aug. 21/84

Undertaker, H. W. Jenkins & Son

Place of Business, Park & Saratoga Sts.

C B Gamble M.D.,
Medical Attendant.

Address, S. E. Cor Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7763 7 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Trent

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 47. Chesnut alley

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, August 20th 1884

Undertaker, W. H. Madden

Place of Business, 1146 East St

A. T. Bell M. D.
Medical Attendant.

Address, 234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7638. *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 18th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thos. O. Oneill

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 0 *Years,* 4 *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 17 Neighbor St.

Cause of Death, First (Primary), —

Second (Immediate) Cholera Infantum

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Aug 20/84

Jno. Bruce Boyle M. D.
Medical Attendant.

Undertaker H. C. Wakefield

Place of Business, 90 Greenmount Av *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 27639 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Wassurak

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 76 Fell St

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Hedwigs Cem

Date of Burial, Aug 21st 84

Undertaker, G. Franz

Place of Business, Franz & Wolfe *Address,* 210 Aliceanna

John H Rehberger M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 77640 *Office of Registrar of Vital Statistics.* **Ward** 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday night Aug 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Rodenbury

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 6 *Months,* — — — *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} No 3 Potomac St

Cause of Death, First (Primary), Dentation.

Second (Immediate), Marasmus

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem.

Date of Burial, Aug 21st 84

Undertaker G. W. Frame

J. E. Richard M. D.
Medical Attendant.

Place of Business, Bair & Wolf *Address,* 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 77641 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt. 20th 84

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Skidmore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 89. *Years,* 11. *Months,* 19. *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Duchess Co N. York

Duration of Residence in the City of Baltimore, One Year

Place of Death. {Give street and Number.} Mount St between Tennant & Hanover

Cause of Death. First (Primary), Old age

Second (Immediate),

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Carroll Co Md

Date of Burial, Aug 22nd 84

Undertaker D & M Longshore — G W Simms M. D. Medical Attendant.

Place of Business, 298 Lem Address, J W Co Pratt & Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3376 Transit - [OVER.]

Board of Health, City of Baltimore,

Permit No. 47642 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H. O Neal.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* 7 *Months,* 18 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Civil Surveyor.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Middle Town. Frederick Co. Md.

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give street and Number.} 528 Mulberry St.

Cause of Death, First, (Primary,) Old Age.

Second, (Immediate,) ~~Gran Uremia~~

Duration of Last Sickness, Two Days.

All the above information should be furnished by the Physician.

Place of Burial, Frank City

Date of Burial, Aug 21-84 W W Wright M. D.,

Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 534 W Fayette Address, 221 N Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special

Board of Health, City of Baltimore, (10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 77643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

VITAL STATISTICS AUG 21 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Aug 20 / 8

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Carter

~~Sex, Male or~~ Female, { cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Alexandria Va.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number } 53. Pine St 83d

Cause of Death { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cem

Date of Burial, Aug 22" 1884

J. H. Carter M. D.
Medical Attendant.

Undertaker, D Ecker & Milstead

Place of Business, 555 W Fayette St Address, 385. W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 77644

Office of Registrar of Vital Statistics. 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wallace Bascoe

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 432 Park Place

Cause of Death, First, (Primary.) Heart disease (Mitral valves)

Second, (Immediate.) Asthenia

Duration of Last Sickness, 4 W. K.

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cem

Date of Burial, August 21" 84

Undertaker, Denny and Mitchell

Place of Business, 5 & 50 W Fayette St

Chas E Sadtler, M.D.,
Medical Attendant.

Address, 165 Druid Hill Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77645 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th of August 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles L Schultz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Six (6) *Months.* ... *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} 206 Mulberry St. Baltimore,

Cause of Death, First (Primary), Cholera Infantum.

Second (Immediate), Heat.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ft Mc Phenon Lots

Date of Burial, Aug 21 / 1884

Undertaker, A Rosenberger

Place of Business, 70 Mulberry St

W C. van Bibber M. D.
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77646 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Weaver

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Stone Cutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 193 East - 4.

Cause of Death, First (Primary), Uraemic

Second (Immediate), asthenia

Duration of Last Sickness, 3 mon.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 22th 1884

Undertaker, W. L. Weber

Place of Business, 60 Gouverneur Ave

D. Steell M. D.
Medical Attendant.

Address, 143 W. Fayette - 4.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 17647 *Office of Registrar of Vital Statistics.* **Ward** 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Bacigalupo

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Baby

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 62 President St Balt

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give street and Number.} 62 President St

Cause of Death,
First (Primary). Tenement house air.
Second (Immediate). Cholera Infantum - Inanition
10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial St Vincents Cemetery

Date of Burial Aug 22nd 1884

Undertaker Jas E Byrne

Place of Business, 632 Aisquith

J Wm Keech M. D.
Medical Attendant.

Address, 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for

CERTIFICATE OF DEATH.

#7648 (To be Retained by Physician.)

Date of Death, aug 20 1894

Name of Deceased, John Bell

Sex, Male ~~or Female~~,

Age, 1 mo 19 days

Color, col

Married, Single, Widow or Widower, /

Occupation,

Birthplace, Belle Isle

Duration of Residence in B. C. Life

Place of Death, 195 N. Austin St near or near

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of last Sickness, 3 weeks

REMARKS.

E. Pack County

Aug 21

Geo. Rinehart

To be substituted by Certificate from Dr Clendinen

John Murphy & Co., City Printers and Stationers.

Board of Health, City of Baltimore.

Permit No. 77649 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21st 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hale

Hale

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 85 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. }

Occupation Shoemaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and Number. } 9 Green St

Grove

Cause of Death, First (Primary), Circulation of blood

Stagnation

Second (Immediate),

Duration of Last Sickness, Not known

the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Aug 21st 1884 Edw Cullen M. D.

Medical Attendant

Undertaker Geo. Ritchie

Place of Business, Street Place *Address* 108 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 77650 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Scott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} House of The Good Shepherd

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, Aug 21st 1884 Edw. F. Mitchell M. D.
Medical Attendant.

Undertaker J. B. Cook

Place of Business, W. Balto St. *Address,* 283 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77651 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 20. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Connelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months.* *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 169 York St.

Cause of Death, First (Primary), Phthisis

Second (Immediate), asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 21st 84

Undertaker, G. W. Perkins

Place of Business, 221 Hamburg *Address,* 210 Lancaster St

C. S. Buze *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Keepers of Cemeteries in City of Baltimore will ma...

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 7765?

Board of Health, City of Baltimore,

Certificate No. 7765?

Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Green

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ——

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} Home of the Friendless

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

Duration of Last Sickness, Six days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. Tex.

Date of Burial, August 22d 1884

Undertaker, Wm. Weaver

Place of Business, No 202 N. Eutaw st

F. E. Atkinson M. D.,
Medical Attendant.

Address, 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Keepers of Cemeteries in City of Baltimore will make return of all ... 17693

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 17693 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Reitz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1496 N. Gilmor St —

Cause of Death, First (Primary), Dentition

Second (Immediate),

Duration of Last Sickness, 1 month —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount —

Date of Burial, Aug 22/84

Undertaker, Wm. Weaver

Place of Business, 202 N. Eutaw

Thos. A. Clem M. D.
Medical Attendant.

Address, Cumf'l Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo. E. Brown Inspector

Board of Health, City of Baltimore.

Permit No. 77654 *Office of Registrar of Vital Statistics.* Ward 5 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Cox

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 Years, *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 1 Hagers ct

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 6 Months

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 21 - 84

Undertaker W W Madden

Place of Business, 76 East St *Address,* 283 N. Eden St

E. B. Fenby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77655 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug" 18" 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* One (1) *Months.* fifteen (15) *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 7 Race St.

Cause of Death, First (Primary), mal" nutrition

Second (Immediate), Spasms

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Pub" Cem

Date of Burial, Aug' 21= 1884

Undertaker, F. d Kuchnes

Place of Business,

James A Steuart M. D.

~~Medical Attendant.~~

Comm" of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John. E. Duding Inspector

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7656 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 21 1884 BALTIMORE

Date of Death, Aug. 20 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C.C. Horn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* —— *Months,* 23 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 23 days

Place of Death, {Give street and Number.} 8 N. Liberty St.

Cause of Death, First (Primary), Stenosis Congenital

Second (Immediate), " "

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 22 nd

Undertaker John F. Loraun

Place of Business, Collins Lafayette Ave *Address,* 506 Mad. Ave

J. H. Christian M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7765 7

Office of Registrar of Vital Statistics. 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 21 1884 BALTIMORE

Date of Death, August 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Hitt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and number.} 86 N. Charles St.

Cause of Death, First, (Primary.) Chronic Dysentery

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Culpeper C.H. Va

Date of Burial, Aug 22/84

Undertaker, Stuart & Turner

Place of Business, 35 Park

J. F. Jackins *M.D.,*

Medical Attendant.

Filled out by Dr. Scruggs

Address, in the absence of

Attending Physician

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special

Board of Health, City of Baltimore,

Permit No. 77658 *Office of Registrar of Vital Statistics.* Ward 10"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Burnes Moore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* One *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth} Baltimore Md

Duration of Residence in the City of Baltimore, All its life

Place of Death, {Give street and Number.} 78 Pierce Street E't

Cause of Death, First (Primary), Pertussis

Second (Immediate), Marasmus

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter Ch

Date of Burial, August 22 1884

Undertaker Margent & Pye

Place of Business, 9 mulBary St *Address,* 316 Franklin St

A K Bond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77659 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne E. Lee

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* 6 *Months,* 1 *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queen Anne's Co. Md.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 618 W Lombard

Cause of Death, First (Primary), Apoplexy (Hemiplegia resulting in slip

Second (Immediate), Gradual disintegration of brain (or cessation of paralysis resulting)

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug. 22/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address,* 594 W. Fayette

John Hood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 77660 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia D. Schmuck

Sex, Male or Female, {Cross out the word not required in this line.} Female ~~Schmuck~~

Age, 66 *Years,* 2 *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} 29 Parkin Court

Cause of Death, First (Primary), natural

Second (Immediate) Bright's disease of kidney

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 21/84

Undertaker J. B. Cook

Place of Business, 707 W Balto St *Address,* 195 W Lombard St

J. K. Wiley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 18

Permit No. 77661

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Diven

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seventy three *Years,* Six *Months,* — *Days.*

Color, White

Married, ~~Single, Married or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, About fifty years

Place of Death, {Give street and number.} No. 213 Ramsey Street

Cause of Death, {First (Primary,) Typho-Malarial Fever; Second (Immediate,) Asthenia.

Duration of Last Sickness, About four weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Aug. 21/84

J. Ridgely Hammond M. D.
Medical Attendant.

Undertaker, J. B. Koch

Place of Business, 707 N. Balto. St.

Address Cor. Calhoun & Hollins Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 77662 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 21st 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Rosentahl

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 263 Aisquith St

Cause of Death, First (Primary), Scarlet fever

Second (Immediate),

Duration of Last Sickness, 7 days

the above information should be furnished by the Physician.

Place of Burial, City Cemetery

Date of Burial, August 22 1884

Undertaker Howe Hook

Place of Business, 110 N Eutaw St *Address,* 283 N. Eden St.

E. B. Fenby *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77663 *Office of Registrar of Vital Statistics.* Ward 19 (

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 21 1884 BALTIMORE

Date of Death, Aug 19th 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rudolph Brown

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *Years,* about 2½ *Months,* *Days,*

Color, d

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and Number. } 32 Vincent alley

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,)

Duration of Last Sickness, all life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 21 1884

Undertaker, Wilson Murray

Place of Business, 62 East St. *Address,* 221 N. Gilmor St

H W Wright *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 7766 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED AUG 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21st, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick M. Giannetta

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Nine *Years,* Eleven *Months,* Three *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 207 Caution Avenue

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 22 84

Undertaker, H. Lippard

Place of Business,

Wm H Clendinen M. D.
Medical Attendant.

Address, 2502 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77665 *Office of Registrar of Vital Statistics.* Ward 1"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marianna Schumacher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 59 *Years,* 4 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give Street and Number.} 172 Elliott St

Cause of Death, First (Primary), Causes of the Execution

Second (Immediate), Paralysis

Duration of Last Sickness, Eight (8) Months

All the above information should be furnished by the Physician.

Place of Burial, Most Holy Redeemer

Date of Burial, Aug 22 84

Undertaker, H. Lippel

Place of Business,

C. O. Adler M. D.
Medical Attendant.

Address, E. Cor Eager & Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77666 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Aug. 20 /84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kline

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years.* 14 *Months.* 11 *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Born Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 26 N. Balto St.

Cause of Death, First (Primary), Enteric-Colitis.

Second (Immediate), Convulsions Pneumonia

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Blair Road Hebrew Cemetery

Date of Burial, August 22

Undertaker, Jacob Ahrens

Place of Business, 34 N. Eutaw

Edward J. McDonnell M. D.
Medical Attendant.

Address, 524 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7766 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sina Cunningham.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 88 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~~~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Holland,

Duration of Residence in the City of Baltimore, 70 years,

Place of Death, {Give street and number.} No. 189 Gough St

Cause of Death, {First (Primary,) / Second (Immediate,)} General Debility & old age

Duration of Last Sickness, Four (5) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 23rd 1884

Undertaker, Henry H Mitchell

Place of Business, 66 S Broadway

A. L. Clarke M.D.
Medical Attendant.

Address, 237 Gough St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77668 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, August 21st 84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schmaedmiller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~9~~ *Years,* 9 *Months.* 9 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, 12 days

Place of Death, {Give Street and Number.} 491 N Fremont.

Cause of Death, First (Primary), Spinal Meningitis.

Second (Immediate),

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Lebanon Cemetery

Date of Burial, August 22 1884

Undertaker, Mr L Hess

Place of Business, 311 Monterey Ave

Louis B Horn M. D.
Medical Attendant.

Address, 491 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 17669 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Aug. 20. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad N. Klosterbauer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and Number.} * 477 E. Central Av.

Cause of Death, First (Primary), Perforation of intestines (Supposed from typhoid fever

Second (Immediate), Peritonitis

Duration of Last Sickness, One week

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 22 1884

Geo. A. Nartman M. D.
Medical Attendant.

Undertaker John Kenney

Place of Business, 382 Orleans St *Address,* * 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 77670 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death; and shall obtain the Permit from the Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, August 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Jackson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and Number.} #26 Edward Street

Cause of Death, First, (Primary,) Organic Disease of Heart

Second, (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Aug 22 1884

Undertaker, Wm Chase.

Place of Business, 78 Hanover

Samuel Small M. D.,
Medical Attendant.

Address, 429 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 77671 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8/19-82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Butler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 11 *Days* 11

Color, W

HEALTH DEPARTMENT AUG 22 1884 BALTIMORE, MD.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 11 Mts

Place of Death, {Give Street and Number.} 72 Bat. ave.

Cause of Death, First (Primary), Croupous Pneumonia

Second (Immediate), Abscess

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, August 22

Undertaker, B. Hall

Place of Business, 81 West St.

Geo. Peters M. D.
Medical Attendant.

Address, 312 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7672. *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8-18-84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Twitydorff

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City 43

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 18 Durst alley

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate), Apnea

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 22

Undertaker, B. Hurly

Place of Business, 82 West St *Address,* 315 Light St

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

D P Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 17673 *Office of Registrar of Vital Statistics.* Ward 3"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug: 21/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas A. Folks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 7 *Months,* ..... *Days*

Color, col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 122 S. Bethel St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Aug 22nd 84

Undertaker, J. Pfeffer

Place of Business, 113 Jefferson St

R. W. Mansfield M. D.
Medical Attendant.

Address, 512 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77674 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, to the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Aug 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reuel W. Goodwin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* 7 *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Shoe manufacturer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Nashua N. H.

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and Number.} 438 W Lanvale St

Cause of Death, First (Primary), Softening of Brain

Second (Immediate), Paralysis of Brain

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Aug. 24/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto, *Address,* 39 Lanvale St

J W Englar *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 77675 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, and is liable if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, August 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel D. Economus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md. —

Duration of Residence in the City of Baltimore, Thirty one years

Place of Death, {Give street and Number.} 31 North Amity

Cause of Death, First, (Primary,) Injury from a fall

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Friends Ground

Date of Burial, Aug 24/84

J. H. Spence M. D.,

Medical Attendant.

Undertaker,

Place of Business,

Address, 257 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77676

Office of Registrar of Vital Statistics.

12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 21 / 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary E Lewis.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Born Baltimore

Duration of Residence in the City of Baltimore, 6 yrs.

Place of Death, {Give street and number.} 556 Madison Ave

Cause of Death, First, (Primary.) Melancholia Softening of brain

Second, (Immediate.) Paralysis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa.

Date of Burial, August 23rd 1884. H. E. Morgan M.D.,

Undertaker, STEWART & HOWER, 355 Park Ave.

Place of Business,

Medical Attendant.

Address, 109 W. Monument

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3377 Transcribed [illegible]

Health Department, City of Baltimore.

Permit No. 7767 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *each fully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 21st, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie D Eldrick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, White *Years,* 4 *Months.* 16 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 29 W. East St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 22nd 1884

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

P. Hall M. D., Medical Attendant.

Address, 1 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77678 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, August 22d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ragner

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 227 S. Dallas St

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, August 24 84

Undertaker, Fred Geede

Place of Business, 248 Caroline *Address,* 207 S Broadway

Nicholas L. Dashiell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 77679 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, August 21 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katie Wright

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* xxx *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } #370 N. Washington St.

Cause of Death, First (Primary), Acute Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Aug 24 84

C. F. Taylor M. D.

Medical Attendant.

Undertaker Fry & Son

Place of Business, 51 N Broadway *Address,* 234 N. B'dway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77680 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Augt 22/84

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} Mary E. Turner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 204 Pulaski St

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 22/84

Undertaker, Alex Hunsley

Place of Business,

Jas A Steuart M. D.

Medical Attendant.

Camp Mc. P. R.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Geo E Bruns
Sanitary Inspector

Board of Health, City of Baltimore.

Permit No. 77681 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, and shall deliver it to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 22 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 21 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Magdalina Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~69~~ 69 *Years,* —— *Months,* —— *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation now

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Yrs.

Place of Death, {Give street and Number.} 19 Dover St

Cause of Death, First (Primary), Natural

Second (Immediate) Paralysis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, August 22 d

Undertaker Mr. Funk

Place of Business, 35 Bank St *Address* 195 W. Lombard St

L. K. Wiley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77682 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Feller.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* ..... *Months.* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Assistant Engineman Steam Yacht

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Back City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give Street and Number.} Pier E Locust Point

Cause of Death, Injuries received by being run over by Accidental Steamer while attending to Machinery on the Steam Yacht Admiral Dewey

First (Principal),

Second (Immediate),

Duration of Last Sickness, Instantaneous

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

Injuries by machinery

Jno A. Bell M. D.

~~Medical Attendant~~ Coroner

Address, 161 E Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77682 *Office of Registrar of Vital Statistics.* Ward 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD. AUG 22 1884

CERTIFICATE OF DEATH.

Date of Death, August 21st 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Fuller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Asst Fireman Steam Tug Hygeia

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} Pier 9 Locust point Steam Tug

Cause of Death, First (Primary), Accidentally struck with a bar while attending to the machinery on the

Second (Immediate), above named boat or Steam Tug

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, August 24th

Undertaker Wm Finks

Place of Business, 35 Bank St

S. A. Bull M. D.

Medical Attendant.

Coroners District

Address, 161 South Chapel St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77683 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Aug. 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jonie Baumunte

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} # 98 Thames St.

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Aug 22nd '84

Undertaker, G. Trance

Place of Business, Bank & Wolfe *Address,* 248 Aliceanna St

John H. Ketchberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 76684 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Russels

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* Nine *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 242 Hughes Street

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Mar. 2d Cemetery

Date of Burial, Aug. 22nd 1884

Undertaker, Chas. W. Chase

Place of Business, 198 E. Monument *Address,* 158 S. Stark St

E. Nicholson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 77685 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, August 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aaron Benton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* ~~Months,~~ 20 *Days*

Color, D

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grain Measurer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Queen Anne County - Maryland

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, {Give Street and Number.} 224 Hanover Street

Cause of Death,
First (Primary), Tubercular consumption
Second (Immediate), Laryngitis

Duration of Last Sickness, Three years - but last confinement three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 22nd 1884

Undertaker, Sam'l M. Chase

Place of Business, 198 Eastern Ave *Address,* 146 Hill Street

L. D. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 77686. *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 21/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Hillen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 220 Hanford ave.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), ...

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Matthews Cl

Date of Burial, August 23rd 1884

Undertaker Curry & Cecil

Place of Business, 309 N. Eutaw St. *Address,* 220 Hanford ave

L. Altmann *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77687 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the Deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, August 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry William Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years~~, 11 Months, 16 Days

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 785 Carolina St

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Aug 23 th

Undertaker, H. Leipler

Place of Business,

Thomas S. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77688 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Dony

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 20 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} # 161 S. Bethel St.

Cause of Death, First (Primary), Entero Colitis

Second (Immediate),

Duration of Last Sickness, 7 days.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, Aug 22 84

Undertaker, W. Lippard

Place of Business,

John A. Kehberger M. D.
Medical Attendant.

Address, 243 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77689 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Owen S Gordon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months.* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1 y Friendship Pl

Cause of Death, First (Primary), Peritonitis

Second (Immediate), Bronchitis Acute

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 23/884

Undertaker, Fry & Bro

Place of Business, Broadway

C Hall Rutledge M. D.
~~Medical Attendant.~~ Coroner

Address, 188 Aisquith Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

8

Permit No. 77690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 21 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Columbus Barke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, About 27 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Tinsmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, about 27 years

Place of Death, {Give street and number.} The jail of Balto City

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Cerebral Congestion

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, August 24th 1884

O. P. Hoffman M. D.
Medical Attendant.

Undertaker, Julius Koehler *Address* 279 West Fayette

Place of Business, Sharp & Cross sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Health Department, City of Baltimore.

Permit No. 77691 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 21st August 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Jenkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 298. S. Howard St.

Cause of Death, First (Primary), Abdominal Obstruction two weeks

Second (Immediate), Exhaustion

Duration of Last Sickness, One year, but confine 7. days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cematary

Date of Burial, Aug 24th 1884

Undertaker, Hercules Ross

Place of Business, 1095 Conway st

L. L. Dyer M. D.

Medical Attendant.

Address, 146. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 77692 *Office of Registrar of Vital Statistics.* Ward 20'

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 22 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sadie Brooks

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 5 *Years,* —— *Months,* 11. *Days,*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 2 Waters Ct. Baltimore Md.

Duration of Residence in the City of Baltimore, All her life.

Place of Death, { Give street and Number. } 6 Cedar Row.

Cause of Death, First (Primary).....

Second (Immediate) Heart disease

Duration of Last Sickness,.....

the above information should be furnished by the Physician.

Place of Burial, Lemuel Cemetery

Date of Burial, May 22nd 1884

Undertaker Mr A. Bishop Jr

Place of Business, 97 Druid Hill Ave

Geo. C. Shannon M. D.
Medical Attendant.

Address, 167½ N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 77693 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, August 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Lammert

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* 10 *Months,* 2 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation House Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and Number.} 166 E Fayette St

Cause of Death, First (Primary),

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Aug 24 1884

Undertaker A. Sander & Son

Place of Business, 252 Eastern Ave *Address,* 88 E Baltimore St

A Krepsherzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77694 *Office of Registrar of Vital Statistics.* Ward 5-12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Aug 22 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Garfield Nicholson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 260 Aisquith

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 24

Undertaker, Frey Bros

Place of Business, 81 N Broadway

Irving Miller M. D.,
Medical Attendant.

Address, 179 Edmondson Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77695 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 23 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22nd, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Reth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Child

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 38 Aisquith

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 25th 84

Undertaker, W. Thomas

Place of Business, Bank & Wolfe *Address,* 38 Aisquith

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7769 6 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 22, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Era Dent

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1098 E Pratt Duncan Alley

Cause of Death, First (Primary), ...

Second (Immediate), Abscess

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Aug 24 84

Undertaker, G. F. Franck

Place of Business, Frank & Wolf *Address,* 27 E Pratt

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 77697 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 188 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Aug. 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Richter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty six years

Place of Death, {Give Street and Number.} # 226 Southampton

Cause of Death, First (Primary), Typhoid-Malarial Fever

Second (Immediate), Paralysis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Aug. 24th 84

Undertaker, G. Frame

Place of Business, Bass & Wolfe *Address,* 143 Aliceanna

John H. Rehberger M. D. (Medical Attendant.)

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 77698 *Office of Registrar of Vital Statistics.* Ward 5 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, 22 August 1884.

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha H Cree

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 7 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 84 4th Ave.

Cause of Death, First (Primary), Eclampsia.

Second (Immediate),

Duration of Last Sickness, 1 Day

the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, August 24th 84

Undertaker John Hennig

Place of Business, 382 Orleans St *Address,* 57 Aisquith.

O J Coffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 77699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 23 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, August 23d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard G. Mitman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 3 *Months,* 19 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 52 Edmondson av

Cause of Death, First (Primary,) Inflamation of Lungs, Cholera Infantum

Second (Immediate,) Meningitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, August 24th 1884

Undertaker, Jenny & Mitchell

Place of Business, 550 W Fayette st

E. H. Holbrook M. D.
Medical Attendant.

Address 185 N. Carey st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 77709 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 1884, BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Friday Aug 22d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Sturman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, Years, 3 Months, 1 Days,

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 122 ~~Hair~~ Hair St

Cause of Death, First (Primary), Diarrhea

Second (Immediate), Spasms

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, August 23d

J. E. Pickard M. D.
Medical Attendant.

Undertaker M. Funk

Place of Business, 35 Bank St Address, 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 7770/ *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 23 1884 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, August 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Otto

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 271 William St

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 24 1884

Undertaker, Jno Herwig

Place of Business, 382 Orleans St

Howard Bayne M. D.
Medical Attendant.

Address, 446 Harford

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77702 *Office of Registrar of Vital Statistics.* Ward 12 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, August 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James C. Dellinger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Retired Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 149 McCulloh St

Cause of Death, First, (Primary,) Senile Decay

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 23d 1884

Undertaker, Wm. O'Weaver

Place of Business, No 202 N. Eutaw St

F. H. Stiles M. D.
Medical Attendant.

Address, 254 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77703

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 21 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Fooles

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 209 N. Mcculloh st

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 209 N. Mcculloh st

Cause of Death, First, (Primary.) Enteritis

Second, (Immediate.) Exaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 24 1884

Undertaker, The C. J. Cooks

Place of Business, ...

Gerl M Barkman M.D.,

Medical Attendant.

Address 380. E. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 77704 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 23 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 21 August. 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} William C. Gerlach

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} — — —

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 958 N Washington St.

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 22nd 84

Undertaker, W. H. Hickman

Place of Business, 234 N. Gay St. *Address,* 242 N. Broadway

Thos J Symmes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 77705 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, August 22d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore

Place of Death, {Give street and Number.} No 167 S. Caroline St

Cause of Death, First (Primary), Pneumonia

Second (Immediate) Dyspepsia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, August 24th 1884

Undertaker Wm Lilas

Place of Business, 181 Gough St

R. Oldenbruck M. D.
Medical Attendant.

Address, 12 S. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7706 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Aug 22d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Belle Dillehunt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* ..... 16 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 24 Heath St

Place of Death, {Give street and Number.} 16 days

Cause of Death, First, (Primary,) 24 Heath St

Second, (Immediate,)

Duration of Last Sickness, Weakness

All the above information should be furnished by the Physician. 16 days

Place of Burial, Old Cathedral

Date of Burial, August 25

Undertaker, Charles Lorien

Place of Business,

Wm Jackson Evans M. D.,
Medical Attendant.

Address, 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 7707 *Office of Registrar of Vital Statistics.* Ward 11th C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Aug 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Deby Ann Owens

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* 4 *Months,* 25 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lawsontown Balto Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 22 Jessie Dr

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) 6 Months

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Govanstown

Date of Burial, August 23 1884

Undertaker, Alf Hemsley

Place of Business,

Jas. A. Gilles M. D., Medical Attendant.

Address, 150 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 77708 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 22. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie F. Sutton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* 26 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Widower~~

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 289 Mc Donogh St.

Cause of Death, First (Primary), Pertussis

Second (Immediate), Croup

Duration of Last Sickness, 12 hours

the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, Aug 24th 1884

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* # 305 N Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77709 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 23 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 22 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Kelly.

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, Years, a few minutes ~~Months~~. Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ballo Ville,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1-3/5 Front St.

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Aug 23 "84

Undertaker, J. P. Payne

Place of Business, N Gay St

Thos A Thomas M. D.
Medical Attendant.

Address, Corner of Front & [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

Pat'k Kelly Patrick

Health Department, City of Baltimore.

Permit No. 77710 *Office of Registrar of Vital Statistics.* Reg'd 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Barney

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give Street and Number.} 255 Hughes St

Cause of Death, First (Primary),

Second (Immediate), Heart / hypertrophy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Lucas

Date of Burial, Aug 24th 1884

Undertaker, Wm H Chase

Place of Business, 195 S. Howard

Dr. J. Bell M. D.
Medical Attendant.
Coroner
Address, 166 de Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

AUG 23 1884

BALTIMORE, MD.

Permit No. 7711 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Aug. 22 — 1884 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Mehl

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} London Eng. —

Duration of Residence in the City of Baltimore, 15 yrs —

Place of Death, {Give Street and Number.} No. 122 Sterling St. —

Cause of Death, First (Primary), Intemperance & general Exposure

Second (Immediate), Convulsions

Duration of Last Sickness, 1/2 hour

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 23d 1884

Undertaker, Geo. Stork

Place of Business, 32 N. Eutaw St

Alexander Hill, M. D.
Medical Attendant.

Address, Coroners Ass't. Phys.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

Board of Health, City of Baltimore.

Permit No. 77712 *Office of Registrar of Vital Statistics.* WEST DEPARTMENT, AUG 23 1884 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday, Aug 22nd 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Enhamuel ~~Myers~~ Metz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation umbrella Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 40 Years.

Place of Death, {Give street and Number.} 32 Exeter St.

Cause of Death, First (Primary), Cancer of Liver,

Second (Immediate), Exhaustion

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Fell Point Cemetery

Date of Burial, August 24

{*Undertaker* Jacob Ahrens

Place of Business, 31 N High *Address,* 25½ Greenmount ave.

Wilmer Bowles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77713 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 22d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Chase

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1011 Jones Court

Cause of Death, First (Primary), ...

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 14 Days.

All the above informations should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Aug 24 — 1884

Undertaker, W. W. Madden

Place of Business, 46 East St

J. J. Gue M. D.
Medical Attendant.

Address, 18 Orleans

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7714 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 23 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Aug 22 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Burke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Retention of Intestines

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug. 23d 1884

Undertaker Lar P Bryan

Place of Business, Front St

R. D. Walker M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 17715 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 24 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 23/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Sheetz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months.* 7 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cutler

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 Years

Place of Death, {Give Street and Number.} 115 Church St

Cause of Death, First (Primary), ...

Second (Immediate), Old Age

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 25/84

Undertaker, A Fink & Son

Place of Business, ...

James A Steuart M. D.

~~Medical Attendant.~~

Address, Cor Fremont & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Emanuel C Weinman

2776

Health Department, City of Baltimore.

Permit No. 2776 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT AUG 24 1884 BALTIMORE, MD.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 23 "84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Jackson

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Horseman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md. —

Duration of Residence in the City of Baltimore, 25 yrs. —

Place of Death, {Give Street and Number.} No. 35 North St. —

Cause of Death, First (Primary), Ruptured heart, caused by frac.

Second (Immediate), of 4 + 5 ribs from the kick of a horse

Duration of Last Sickness, 15 minutes Injury

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 25th 1884

Undertaker, Geo M. McCoy

Place of Business, X 22 W Fayette St

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7717 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. AUG 24 1884

CERTIFICATE OF DEATH

Date of Death, Aug 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percy Taylor

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 Years, 3 Months, Days

Color, Colored

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Grain Inspector

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 1 Spear's Court

Cause of Death, First (Primary), Malignant disease of Heart

Second (Immediate), Exhaustion

Duration of Last Sickness, Few months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 26th 1884

Undertaker, Wm A Dunger

Place of Business, No 62 East St

C Hall Kuhn M. D.

~~Medical Attendant.~~ Coroner

Address, 108 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7718 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 21 '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, (col'd)

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waterman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} No. 2 Whatcoat st.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give Street and Number.} No 2 Whatcoat

Cause of Death, First (Primary), probably heart

Second (Immediate), disease

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 24th 1884

Undertaker, Wm N Dunger

Place of Business, No 91 East Pratt

Wm A Jones M. D.

~~Medical Attendant.~~ Coroner

Address, 92 & 100 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRATION OF VITAL STATISTICS.

AUG 24 1884

BALTIMORE

Permit No. 7719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorotha Ennis

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 yr.

Place of Death, {Give street and number} 139 Raborg St

Cause of Death {First, (Primary,) Indigestion

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Chapel Cemetery

Date of Burial, Aug 24th 1884

Undertaker, Wm A. Dunger

Place of Business, 1144 East-St

J. H. Buchanan M. D.
Medical Attendant,

Address, 347 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 7720 *Office of Registrar of Vital Statistics.* Ward 15

HEALTH DEPARTMENT AUG 24 1884 BALTIMORE. MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 23rd August 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 51 *Years,* *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 116. Hill St.

Cause of Death, First (Primary), Malaria — Typhus.

Second (Immediate), Delizium et Exhaustum

Duration of Last Sickness, 3. weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 24 1884

Undertaker, A. J. Hemmly

Place of Business,

L. P. Dyer M. D.
Medical Attendant.

Address, 146. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 7724 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabelle M. Meyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 9 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 343 Columbia Ave

Cause of Death, First (Primary), Dentition

Second (Immediate), Congestion of Brain

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Aug 25/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 151 S. Paca St

Wm. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 7722 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Burial Certificate.

HEALTH DEPARTMENT AUG 24 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 23. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jefferson Martenet

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 3 *Months.* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Surveyor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} Hoffman & Collington ave

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness, About three hours.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Aug 25th

Undertaker, Geo Schilling

Place of Business,

W. W. White, M. D.
Medical Attendant.

Address, 347 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 7723 *Office of Registrar of Vital Statistics.* Aug. 24 1884

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 23, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Edward Meunch

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, Five *Years,* one *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 19 Montgom St.

Cause of Death, First (Primary), Typhw Malarial Fever

Second (Immediate), Hemorrhage from the Lung

Duration of Last Sickness, Three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Aug 23/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto, *Address,* 584 W. Fayette St.

G. Smithcim M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 7727 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 23d 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schmidt

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 2 56 *Years,* 7 *Months,* ~~Days.~~

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 year

Place of Death, {Give street and Number.} 51 year 29 S Chapel

Cause of Death, First (Primary). Pleuritis, Emphysema

Second (Immediate). Exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cem

Date of Burial, 25 Aug

Undertaker Rowell & Dyer

Place of Business,

F Fletcher M. D.
Medical Attendant.

Address, 29 S. Chapel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7723 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 23. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Combs Tarlton.

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 03 — *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Oysterman.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Marys Co. Md.

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, {Give street and Number.} 399 E. Madison St.

Cause of Death, First, (Primary,) Typhoid Malaria.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, About two months.

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, August 24 1884

Undertaker, Henry Wm Gunnis

Place of Business, 7 & 9 N Central Ave.

J. E. Heard M. D.,
Medical Attendant.

Address, 151 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 7726 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 23rd 10 30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stacy M. Normod

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 9 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 368 Alice Anna

Cause of Death, First (Primary), Inflamatory Rheumatism

Second (Immediate), Heart Disease

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Aug. 25 1884

Undertaker, H. Sanders & Son

Place of Business, 252 Central Ave

James E Donnell M. D.
Medical Attendant.

Address, 299 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 7727 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1884 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, August 24, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Novak

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* ..... One *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 22 Moyer St.

Cause of Death. First (Primary), Cyanosis

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis Cimitery.

Date of Burial, August 25

Undertaker Vincent Horst

Place of Business, Corner Jefferson and Caroline Address, 344 E. Baltimore St.

J. Helleberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77728 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 25 [illegible] BALTIMORE MD

Date of Death, Aug. 24/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Kriss

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 269 S. Dallas St.

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, 48 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsis cimitery

Date of Burial, August 25

Undertaker, Vincent Forst

Place of Business, on Jas. and Balto. R.R. *Address,* 50 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 17729 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 25 18
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 23. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Solomon Stephenson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months.* *Days.*

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, 2 Yrs

Place of Death, { Give street and Number. } # 123 Raborn St

Cause of Death. First (Primary), Pertussis

Second (Immediate), Convulsions

Duration of Last Sickness. 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial Aug 25 84

Undertaker Alex Hemsley

Place of Business, *Address,* 306 N Bazel[illegible]

C W Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 77730 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 25 1884
BALTIMORE MD

Date of Death, August 24th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie E. Bank Frank

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* 7 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 43 S. Chester St.

Cause of Death,
First (Primary),
Second (Immediate) Scarlatina,

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, N. Evangelic Cem.

Date of Burial, Aug 25. 1884

Undertaker H. Sanderlin

Place of Business 252 Canton Ave

A. F. Ernst M. D.
Medical Attendant.

Address, 95 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77731 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 25 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, August 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie V. Allen

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months.* 7 *Days*

Color, C

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 142½ Pierce St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Aug 25 /84

Undertaker, W. F. Madden

Place of Business, 76 East St

Geo. A. Fleming M. D.
Medical Attendant.

Address, Franklin & Grave Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77732 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 23d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Golder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty six *Years,* ten *Months,* ——— *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 495 W. Fayette St

Cause of Death, First (Primary), Heart disease. Paralysis

Second (Immediate), Heart failure.

Duration of Last Sickness, Twenty minutes

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Aug 25/84

C. Hampson Jones M. D.
Medical Attendant.

Undertaker,

Place of Business, *Address,* 473 Lindell Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77733 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 23d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Drake

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 41 *Years,* 6 *Months.* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar-maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 4 Henrietta St.

Cause of Death, First (Primary), Supp. Pneumonia both sides.

Second (Immediate), asthenic fever

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, August 25/84

Undertaker, W.P. Tickner

Place of Business, 65 S Eutaw Address, 169 N Charles St

Henry Salter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7734 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna J. Foss

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6y *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation House work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 103 Lombard Street

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 months

the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, August 26/84

Undertaker Wm J. Lichter

Place of Business. 65 S. Eutaw

J. K. Wiley M. D.
Medical Attendant.

Address, 195 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention

Health Department,

Permit No. 77738 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *a[illegible] out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Rail

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* ..... *Months.* ..... *Days*

Color, W

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} ?

Occupation, ?

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, ?

Place of Death, {Give Street and Number.} 42 Biddle Alley

Cause of Death, First (Primary), Peritonitis

~~Second (Immediate)~~, 3 1/2 days

Duration of Last Sickness, ? 3

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 28th

Undertaker, Walter Immel

Place of Business, 315 W Biddle

C J Kluck M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

See following Certificate

[OVER.]

The Special Attention of

Board of Health,

Permit No. 7735 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 23rd 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Algunden Kail

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 34 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 42 Biddle

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Aug 25th

Undertaker Walter Immel

Place of Business, 315 W. Biddle

H J Hunt M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Accommodation ...

Board of Health, City of Baltimore,

Permit No. 77736 ; *Office of Registrar of Vital Statistics.* Ward 16 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Aaron

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* 9 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 124 Raymond St

Cause of Death, First (Primary), Diptheria

Second (Immediate), Septicaemea

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Catholic

Date of Burial, Aug 25th 1884

Undertaker John P. Machen

Place of Business, N 150 Camden

H. H. Webner M. D.
Medical Attendant.

Address, 298 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the ...

Health Department, City of Baltimore.

Permit No. 7737 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 25 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjiman Lake,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 8 *Months,* ..... *Days*

Color, "Colored"

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co., Md.

Duration of Residence in the City of Baltimore, 2 months.

Place of Death, {Give Street and Number.} 7 Robert St.

Cause of Death, First (Primary), "Cholera Infantum"

Second (Immediate), Exhaustion

Duration of Last Sickness, About 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, August 25, 1884

Undertaker, J. Davis

Place of Business, No. 150 Montgomery St. *Address,* .....

T. Richard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 77738 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 23/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard L Stuart.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 700 Penna Ave

Cause of Death, First (Primary). Marasmus.

Second (Immediate).

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 25 Augt

J J Miller M. D.
Medical Attendant.

Undertaker J Mchalmers

Place of Business, 237 Penna av *Address,* 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77755 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 24 - 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Cooley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months.* *Days*

Color, W

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, {Cross out the words not required in this line.} ?

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ?

Place of Death, {Give Street and Number.} No 1 Willson Court

Cause of Death, First (Primary), Gastric Fever

Second (Immediate), ?

Duration of Last Sickness, 10 - days

All the above information should be furnished by the Physician.

Place of Burial, National Cemetery

Date of Burial, Aug 26th 1884

Undertaker, F Lewis Schafer

Place of Business, 105 N Frem[illegible] *Address,*

H J Mundé M. D.
Medical Attendant.

Aug
Prob.
D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

See following Certificate

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 77739 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 24 - 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Cooley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 1 Willow Court

Cause of Death, First (Primary), Gastric Fever

Second (Immediate),

Duration of Last Sickness, 10 - day

All the above information should be furnished by the Physician.

Place of Burial, National Cemetery

Date of Burial, Aug 26th 1884

Undertaker L. Louis Schaub

Place of Business, 709 N. Fremont Address,

H. D. Hunt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7740 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 24 /

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Zeindler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 130 L. Green

Cause of Death, First (Primary), Prematur birth

Second (Immediate), Since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Aug 24th /84

Undertaker, C.F. Krauseson

Place of Business, 209 Hanover

I. C. Bond M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 77741

Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alphens Raymond Glenn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 7 *Months,* 19 *Days*

Color, whl

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 530 W. Baltimore St

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cor Fremont & Berkeley St Paul

Date of Burial, Augt 26th 1884

Undertaker, L. M. Leonard & Sons

Place of Business, 782 W. Baltimore *Address,* 219 Madison ave

G Lane Tanyhill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 77742 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, August 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H. Emery

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or~~ ~~Widower,~~ {Cross out the word not required in this line.}

Occupation Book-keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and Number.} 220 N. Broadway

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Hemorrhage

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Aug 27th 1884

Undertaker D. Emory Smith

Place of Business, 550 W. Fayette Street, *Address,* 208 N. Broadway

J. B. Schwatka M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 17713 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *declaration filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT AUG 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 21, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Schaff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 5th & Chapel St.

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Aug. 25th '84

Undertaker G. France

Place of Business, Franz & Wolfe *Address,* 344 E. Baltimore St.

J. H. Ellenberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 77744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 25 th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Lykes~~ Owen Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female Twin Paul's

Age, Years, Lived about ~~Months~~, 20 minutes ~~Days.~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 Morton Alley

Cause of Death, First (Primary,) Umbilical Hemhorrage

Second (Immediate,) Cord was extremely short

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 26 1884

Undertaker, W H Bishop

Place of Business, Dallas Alley

Thos. J. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 17745

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 17745 *Office of Registrar of Vital Statistics* Ward 13

HEALTH DEPARTMENT AUG 25 1884 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Donohue

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months.* *Days.*

Color, White

~~*Married,*~~ *Single,* *Widow* ~~or~~ *Widower,* {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Corner of Parkin & McHenry St.

Cause of Death, First (Primary), Dysentery

Second (Immediate),

Duration of Last Sickness, About 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 26th 84

Undertaker Matthew Cadogan

Place of Business, 227 Mulberry St *Address,* 229 W. Fayette St.

J. H. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the ... Certificate.

Health Department, City of Baltimore.

Permit No. 17746 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Novotny

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *~~Months~~.* 3 weeks + 6 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, for Live time

Place of Death, {Give Street and Number.} N.W. corner of Ann & Macculbin St

Cause of Death, First (Primary), ...

Second (Immediate), Spasm

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonses

Date of Burial, August 25th

Undertaker, Mr Vinct Forst

Place of Business, ...

I Thos A Glenn M. D.

~~Medical Attendant.~~

Address, Cherry Hill

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Emanuel Weinman, M. D.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible] Certificate

Board of Health, City of Baltimore.

Permit No. 77747 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Loff.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and Number.} Belair Avenue Opp Weavers Brew

Cause of Death, First (Primary), Dentition & Mal Assimilation

Second (Immediate), Acute Meningitis.

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetri

Date of Burial, August 26 1884

Undertaker John Hennig

Place of Business, 382 Orleans St *Address,* Belair Avenue

D. F. Markland *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 7748

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, AUG 25 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Aug. 24 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Miller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Sailor

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number. } No. 143 N. Spring

Cause of Death, First, (Primary.) Cerebral Congestion, Produced

Second, (Immediate.) by Natural causes

Duration of Last Sickness, Three hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 25 1884

Undertaker, John Kenney

Place of Business, 382 Eutaw St

Alexander Hill, M.D.,
Medical Attendant.

Address, Coroner Ent. Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited

Board of Health, City of Baltimore,

Permit No. 77749. *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward B. Redmond

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* ✓ *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Ice Driver, Oler & Co

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 4 Bank St

Cause of Death, First (Primary), Injury to two first toes right foot-

Second (Immediate), Traumatic Tetanus

Duration of Last Sickness, Eighteen Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 26 1884

A Lr Silberzer M. D.
Medical Attendant.

Undertaker Henry McGinnis

Place of Business, 44 N. Central Address, 88 & Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health Department, City of Baltimore.

Permit No. 77750 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A REGISTER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED AUG 25 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Trautwein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 15 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} N. E. Cor of Exeter & Baltimore

Cause of Death, First (Primary), Tuberculous Meningitis

Second (Immediate), Convulsions.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Aug 25

Undertaker, James H. Simms

Place of Business, 138 Lemmon *Address,* 1112 E. Lombard St

Chas B. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7751 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustave Kühn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Months, 16 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} on the Ship America from Bremen to Baltimore on the 9th of August 1884

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 8th Townsent Street Locus Point (Towson)

Cause of Death, First (Primary), Tijteria (Diphtheria)

Second (Immediate),

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 25 1884

Undertaker Henry Sander Sen

Place of Business, Easter Av

J. Thos A. Shaw M. D.

~~Medical Attendant~~

Address, Camp McH & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7752 *Office of Registrar of Vital Statistics.* Ward 8 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1884 BALTIMORE-MD.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cassandra League

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Sixty *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, about fifty years

Place of Death, {Give Street and Number.} No 64 E. Hoffman Street

Cause of Death, First (Primary), Strangury

Second (Immediate), Extreme exhaustion

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Aug. 27. 1884

Undertaker, M. A. Daiger

Place of Business, 74 S. Bway

Millan A. Taylor M. D.
Medical Attendant.

Address, 125 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7755 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 25 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 24th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Judge Joseph H. Gardner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty *Years,* nine *Months,* twenty five *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Attorney at Law.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} No. 206 North Broadway

Cause of Death, First (Primary), Cardiac hypertrophy

Second (Immediate), of collapse of the circulatory system

Duration of Last Sickness, about Two hours.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, Aug. 26 1884

Undertaker, M. F. Dwyer

Place of Business, 74 S. Bury

William A. Dwyer M. D.
Medical Attendant.

Address, 108 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 77754 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD. AUG 25 1884

CERTIFICATE OF DEATH.

Date of Death, Aug 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Euler Senr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* 1 *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Shoemaker.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 40 Years.

Place of Death, {Give street and Number.} No 1 Sr Spring St Baltimore

Cause of Death, First (Primary), Chronic Rheumatism

Second (Immediate), Congestion of Kidneys

Duration of Last Sickness, (Invalid for years) 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Aug. 26 1884

Undertaker M. A. Gaegen

Place of Business, 74 S. Bway.

L. Ridgway Andre M. D.
Medical Attendant.

Address, 131 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Health Department, City of Baltimore.

Permit No. 17755 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, AUG 25 1884 BALTIMORE

Date of Death, Aug. 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francisca Frisch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give Street and Number.} # 296 S. Dallas St

Cause of Death, First (Primary), Pneumonia (acute)

Second (Immediate),

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Aug. 26th

Undertaker, Wendel Bros

Place of Business, S. Bond St.

John H. Rehberger M. D.
Medical Attendant.

Address, 2142 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT, AUG 25 1884 BALTIMORE

Permit No. 7757 *Office of Registrar of Vital Statistics,* Aug 25 1884 *19*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 25 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Offenbecker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 87 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} 602 N. Fayette

Cause of Death, First (Primary), Cancer

Second (Immediate).

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cemetery

Date of Burial, August 27th A R Thwold *M. D.*

Medical Attendant.

Undertaker Charles Hollander & Sons

Place of Business, Pratt near Concord *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7757 *Office of Registrar of Vital Statistics.* Ward 2

HEALTH DEPARTMENT BALTIMORE MD AUG 26 1884

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August the 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonin Malowiecki

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* ~~ *Months,* ~~ *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, for life time

Place of Death, {Give Street and Number.} 56 Lancaster St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, at Alfonsus Cem,

Date of Burial, August 25,

Undertaker, Mr France

Place of Business, Baukit Wolfe St

John A Steen M. D.

~~Medical Attendant~~

Address, Cor 16 & N

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Emanuel Weinman, [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE AUG 26 1884

Permit No. 77758 *Office of Registrar of Vital Statistics.* 1884 Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 25. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Tyler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* —— *Months,* 7 *Days*

Color, ad

Married, ~~*Single, Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundell Co Md

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give Street and Number.} 1 Jenkins al

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), " "

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Lauel Bennett

Date of Burial, Aug 26 84

Undertaker, H Pole

Place of Business, 23 Eastern

B. B. Browne M. D.
Medical Attendant.

Address, 307 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 17759 *Office of Registrar of Vital Statistics.* Ward 7 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1884 BALTIMORE, MD

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CERTIFICATE OF DEATH.

Date of Death, Aug 23d 84 - 2 A.m

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. H. Young

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 33 *Years,* *Months.* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Sweden

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhumation

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Ea Peale Cemet

Date of Burial, Aug 26 84 *Undertaker,* Geo Rembert

Place of Business, ——— *Address,* M. S. H. Hosp Service

Walter Wyman M. D.
Medical Attendant.
Per E.V.H.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77760 *Office of Registrar of Vital Statistics,* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. AUG 26 1884

CERTIFICATE OF DEATH.

Date of Death, August 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick Schorr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} S. E. Cor. Hanover & Montgomery Sts

Cause of Death, First (Primary), Brights disease,

Second (Immediate), Coma & Convulsions

Duration of Last Sickness, has been sick 5 months with Uremia, but was only confined to bed 2 days of illness

All the above information should be furnished by the Physician.

Place of Burial, St Mathais Lutheran Cemetery Frankford Road

Date of Burial, Aug 27th

Undertaker, Geo. Schilling

Place of Business,

Edward D. Mildrick M. D.
Medical Attendant.

Address, 57 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7761 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Filled Certificate.

HEALTH DEPARTMENT BALTIMORE

AUG 26 1884

CERTIFICATE OF DEATH.

Date of Death, August 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B. Murray

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 65 *Years,* 6 *Months,* — *Days*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, Banker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pittsburg

Duration of Residence in the City of Baltimore. 2½ Years

Place of Death, {Give Street and Number.} 118 Park Avenue

Cause of Death, First (Primary), Softening of the Brain

Second (Immediate), Paralysis

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Pittsburg Pa

Date of Burial, Aug 27th 84

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 97 W. Charles St

Thomas Shearer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3398 Married [over.]

Board of Health, City of Baltimore,

Office of Registration of Vital Statistics.

AUG 26 1884

Permit No. 77762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 25. 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. Mitzell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hagerstown Md

Duration of Residence in the City of Baltimore, 47 Years

Place of Death, {Give street and number.} 302 N. Paca st

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 26th 1884

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

A. Shipman M.D.,
Medical Attendant.

Address, 201 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY

Health Department, City of Baltimore.

Permit No. 77763 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 25th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Grannth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twelve *Years,* ..... *Months.* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, /

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 207 Canton avenue

Cause of Death, First (Primary), ...

Second (Immediate) Diphtheria

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Edmond Cemetery

Date of Burial, Aug 26th

Undertaker, H. Hipp & C

Place of Business, ...

Wm H Chudnen, M. D.
Medical Attendant.

Address, Nr 102 h Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 77764 *Office of Registrar of Vital Statistics* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Grolen (Kroleu)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* 7 *Months,* 20 *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 12 years.

Place of Death, {Give Street and Number.} 278 N. Biddle St.

Cause of Death, First (Primary), Granular degeneration of the Kidneys

Second (Immediate), Uraemic Coma. ~~in~~ Convulsions

Duration of Last Sickness, ~~Unknown~~ 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 27 84

Undertaker, Andrew Rhode

Place of Business, Penna ave

W. Rickert M. D.
Medical Attendant.

Address, 515 Penna ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rules

Health Department, City of Baltimore.

Permit No. 77765 *Office of Registrar of Vital Statistics.* Ward 1 St'

HEALTH DEPARTMENT AUG 20 1884 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 19, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel V Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 418 S. Madison Alley

Cause of Death, First (Primary),

Second (Immediate), Cholera Infantum

Duration of Last Sickness, One day

All the above information required by the Rules and Regulations of the Board of Health.

Place of Burial, Green Mount Cem.

Date of Burial, Aug 21st 84

Undertaker, G W Frank

Place of Business, Frank & Wolf *Address,* 1128 Pine Alley

M. D. Hurley, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3380 Transit

[over.]

Board of Health, City of Baltimore,

Permit No. 77766 *Office of Registrar of Vital Statistics.* Ward 6 11

HEALTH DEPARTMENT AUG 26 1884 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 25 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Jane Eierman

Sex, ~~Male.~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 11 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 410 E Hoffman St

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Congestion of Brain

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial. August 26

Undertaker, Henry McGinnis

Place of Business, 8 N Central Ave

Irving Miller M. D.,
Medical Attendant.

Address, 179 East Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Accompanying Rules

Health Department, City of Baltimore.

HEALTH DEPARTMENT RECEIVED AUG 26 1884

Permit No. 77767 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Wilmoski

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 10 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 43 N Duncan Alley

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, Five days -

All the above information should be furnished by the Physician.

Place of Burial, St Stephens cimitery

Date of Burial, August 26

Undertaker, Vincent Forst

Place of Business, corner Fatusan and Eutaw Pl

James E Iwaille M. D.
Medical Attendant.

Address, 199 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7778 *Office of Registrar of Vital Statistics* AUG 26 1884 Ward 11

HEALTH DEPARTMENT BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF ~~DEATH~~.

Date of Death, August 25th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard Lehrer

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 33 S Baltimore

Cause of death, { First, (Primary,) Second, (Immediate,) Diphtheria

Duration of Last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Augt 26th 1884

Undertaker, S. M. Leonard & Son

Place of Business, 712 W. Baltimore

Dr. R M Elmer M. D., Medical Attendant.

Address, 582 N. Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 77769 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25th August '84. Daniel

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} Sarah E. [illegible]

HEALTH DEPARTMENT, AUG 26 1884, BALTIMORE, MD.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation Washing &c

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore U.S.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 41 N Chapel St.

Cause of Death, First (Primary), apoplexy.

Second (Immediate), (had suffered for years with cirrhosis alcoholism)

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Aug 26-'84

Undertaker W F Madden

Place of Business, 46 East St

Thos J Symms M. D.
Medical Attendant.

Address, 242 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 17770 *Office of Registrar of Vital Statistics.* Ward, 16

HEALTH DEPARTMENT AUG 26 1884 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Stallings

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give Street and Number.} 72 Clifford Ave

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, August 27/84

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St

Wm A Blake M. D.
Medical Attendant.

Address, 13 N Carey

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this...

Board of Health, City of Baltimore.

Permit No. 7777 / *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

AUG 26 1884

BALTIMORE, MD.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blasius Hausknecht (Hausknecht)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 41 Mc Elderry st

Cause of Death, First (Primary),

Second (Immediate) Diphtheria 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Aug 26th 1884

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* 36 Fremont Ave

J. M. Hunter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the

Board of Health, City of Baltimore, DEPARTMENT

Permit No. 77772 *Office of Registrar of Vital Statistics.* Ward 4

AUG 25 1884

BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 25. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lutz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 6 *Months,* 12 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 46 N. Front St.

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Bonna Brea

Date of Burial, Aug 27th

Undertaker, H. Frame

Place of Business, Wolff & Bank St.

Address, 227 Canton Ave

Dr. L. Lowell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules 5, 6, 7 and 8 of the Rules of Practice on page of this

Board of Health, City of Baltimore.

AUG 26 1884

BALTIMORE

Permit No. 77773 *Office of Registrar of Vital Statistics,* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 25th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Freeman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} 192 Williams

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 192 Williams St.

Cause of Death. First (Primary), Septicaemia

Second (Immediate), Diphtheria 48 hrs.

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, H. Algora Co.

Date of Burial, August 26

Undertaker B. Mack

Place of Business, 86 West St

Wm Smith M. D.
Medical Attendant.

Address, 281 E. Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7774 *Office of Registrar of Vital Statistics.* Ward 5-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. AUG 25 1884

CERTIFICATE OF DEATH.

Date of Death, August 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Ann Deaver

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 42 *Years,* ~~Months.~~ ~~Days~~

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 26 Jefferson st

Cause of Death, First (Primary), Peritonitis

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 26th 1884

Undertaker, Thos J Fock

Place of Business, 73 Jefferson st

Thomas J. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77775 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1884 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, August the 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Sommers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, for life time

Place of Death, {Give Street and Number.} 244 Lexington near Pearl

Cause of Death, First (Primary), Denutrition

Second (Immediate),

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 26th

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

J. Ames Steuart M. D.

~~Medical Attendant.~~

Address, Camp & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Emanuel Weinman

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7777 6 *Office of Registrar of Vital Statistics.* Ward 2

HEALTH DEPARTMENT AUG 26 1884 BALTIMORE, MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Regus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 12 *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 227 S Durham St

Cause of Death, First, (Primary,) Chronic Diarrhoea

Second, (Immediate,) Inanition

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical Bury

Date of Burial, Aug 26th 84

Undertaker, J. H. Sander & Son

Place of Business, 202 Aisquith

Jas. D. Gibbons M. D., Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to those on the Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 47747 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Scott

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Washing & Ironing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prince George Co Md

Duration of Residence in the City of Baltimore, Abt 30 Yrs

Place of Death, {Give Street and Number.} N 189 Henrietta

Cause of Death, First (Primary), Poisoned by Arsenic

Second (Immediate), " " " "

Duration of Last Sickness, Abt 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, Aug 26th 1884

Undertaker, Chas A. Ahearn

Place of Business, 198 E. Howard St *Address,* 161 E Pleasant St

Dr. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 7778 Office of Registrar of Vital Statistics. Ward 1 C1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT AUG 26 1884 BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A ~~PROPER~~ CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday August 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Watts

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— 7 *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, 7 Mos.

Place of Death, {Give street and Number.} 66 Chester St. Baltimore. Md.

Cause of Death, First (Primary), Marasmus

Second (Immediate), ———

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, August 27 1884

Undertaker M. F. Curran

Place of Business, 53 S. Broadway

Dr. Jos. C. Bruinger M. D. Medical Attendant.
per Dr. Nicols

Address, N. E. Cor. Broadway & Fleet.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reports Below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 7779

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Filled Certificate.

HEALTH DEPARTMENT
AUG 27 1894
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 27 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Harvey Sachse

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* ..... *Months,* ..... *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 490 Penna Ave

Cause of Death, First (Primary), Diphtheritic Laryngitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Days.

All the above Information should be furnished by the Physician.

Place of Burial, Balt. Cem

Date of Burial, Aug 28

Undertaker, W. T. Emmert

Place of Business, 315 W. Bidden

S. Rickert M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Entry [illegible]

Board of Health, City of Baltimore.

HEALTH DEPARTMENT AUG 27 1884 BALTIMORE, MD.

Permit No. 77780 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 26th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Rosenthal

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 90 Penna. Avenue

Cause of Death, First (Primary), Malarial fever

Second (Immediate), Congestion of the brain.

Duration of Last Sickness, Five days.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Hebrew Cemetery

Date of Burial, Augt 28th

Undertaker Andrew Rohde

Place of Business, 45 Penna ave.

Louis H. Knight M. D.
Medical Attendant.

Address, 112 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

AUG 27 1884
BALTIMORE MD

Permit No. 77781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 26 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex. P. Gomes / Florence Gromes. } Parents

~~Sex, Male or~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* On the half *Days.*

Color, Ben

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 73 Myrtle ave

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Premature Bnth

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 27 84

Undertaker, Alex Hennig

Place of Business,

James A Facty M. D.
Medical Attendant.

Address, 182 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 77782 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 26 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel Howes

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 60 Chestnut St

Cause of Death, First (Primary), Ileo Colitis

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemet

Date of Burial, August 27, 1884

Undertaker, Wm. H. Huckman

Place of Business, 1239½ Gay St *Address,* 108 Augusta St

Neil Bullitt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 77783 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 25th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Grey mother Isaac Sonar Father Jule Locks

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 13 *Months,* ..... *Days.* Isaac G. Locks

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } Vincent Alley 149

Cause of Death, { First (Primary), Indigestion

Second (Immediate), want of Strength

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Shorb St Cemetery

Date of Burial, Aug 27 1884

Undertaker, William Stinger

Place of Business, 62 East St

C. J. Spear M. D.
Medical Attendant.

Address, Mount St 29

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77984 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. AUG 27 1884

CERTIFICATE OF DEATH.

Date of Death, Aug 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard William Dowell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 3 *Months,* 29 *Days*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, About 9 years

Place of Death, {Give Street and Number.} 420 Fulton Ave

Cause of Death, First (Primary), Phthisis Pulm.

Second (Immediate), Typhoid fever & Gastro-enteritis

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Dallo Cemetery

Date of Burial, Aug 27th 84

Undertaker, Deady & Mitchell

Place of Business, 550 W Fayette St *Address,* 262 Madison Ave

Edwin L Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 17785 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. AUG 27 1884

CERTIFICATE OF DEATH.

Date of Death, Aug. 26/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Berkhardt

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months.* 26 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 13 Gough St'

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 27th 1884

Undertaker, Henry K. Mears

Place of Business, 45 N. Gay St.

R. W. Mansfield M. D.
Medical Attendant.

Address, 520 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 77786 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 24-84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Decker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Barber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ger. - In America 18yrs

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give Street and Number.} St Josephs Hospitue

Cause of Death, First (Primary), Paralysis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 yrs & more

All the above information should be furnished by the Physician.

Place of Burial, Ft James Cem

Date of Burial Aug 27/84

Undertaker, H. Hoech

Place of Business,

Oscar J Carley M. D.
Medical Attendant.

Address, 188 N. Culvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Date of Decease.

Board of Health, City of Baltimore,

Permit No. 7787 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 27 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wagner

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 4 *Years,* 3 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death. {Give street and Number.} # 81 Fairmount Ave.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 days, (first seen by Monday morning)

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Aug 28th 1884

Undertaker G. France

Place of Business Bank and Wolf Address, # 375 E. Pratt

E. P. Ivins M. D.
Medical Attendant.
E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ... For ...

Board of Health, City of Baltimore.

Permit No. 77788 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT AUG 27 1884 BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 26 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jane Bowen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 18 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bal't.

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 44 Harmony Lane

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, August 27

Undertaker H Ross

Place of Business, 95 Conway St

J H Webb M. D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 77789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 25th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie C Bacon

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* ——— *Days.*

Color, Black

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and number} 171 ~~West~~ East St

Cause of Death, First, (Primary,) Drainage

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 27

Undertaker, H Ross

Place of Business, 95 Conway St

J H Buchanan M. D.
Medical Attendant.

Address, 817 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 17799 *Office of Registrar of Vital Statistics.* Ward 6?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 27 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 26/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Barnworth.

Sex, Male or Female, {Cross out the word not required in this line.}

Age. Years. Months. One Day

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} S. E. Fayette St, Extended.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.}

Cause of Death, First (Primary), Premature Birth.

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery

Date of Burial, August-27/84

Undertaker, Wm Frey

Place of Business, Broadway Hall Address, 342 N. Broadway

J. D. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 7779 / *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 26th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emilie Becker

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 7 *Months,* 12 *Days,*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire time

Place of Death, {Give street and Number.} 284 Front

Cause of Death, First (Primary), Gastro-Enteritis

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 day

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 28 1884

Undertaker John Hennig

Place of Business, 282 Orleans St *Address,* 245 S. Eutaw

J. Mathews M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and on Back of Blank.

Health Department, City of Baltimore.

Permit No. 77792 *Office of Registrar of Vital Statistics,* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. AUG 27 1884

CERTIFICATE OF DEATH.

Date of Death, August 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Löler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 7 *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} Rafel St. first house S of Eutaw St

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), Coma

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemetery

Date of Burial, August 28 1884

Undertaker, John F Henning

Place of Business, 382 Orleans St Address, Cor Eutaw & Carlton

W. Forlow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7793 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 27 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 26th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Sommers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 6 *Months,* 11 *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, School Boy

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Taylors wharf, Alice Anna St

Cause of Death, First (Primary), Accidentally drowned

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 27th 1884

Undertaker, Wm. N. Dunges

Place of Business, 462 East Pratt

E Hall Ruthrauff M. D.

Medical Attendant.

Coroner

Address, 108 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77794 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Augt 24 /84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florance Thomas

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days*

Color, cd

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} V

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 16 Booth St

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 27/84

Undertaker, W. M. Dunger

Place of Business,

Attended by Wm A Henry M. D.

~~Medical Attendant.~~

Address, Camp Town P O

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo. E. Brown Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 7775

Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1884 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, August 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas F. Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Ship Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 96 Fairmount Ave.

Cause of Death, First (Primary), Ramollissement of Pleura Brain

Second (Immediate), Asthenia

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Aug. 27th 1884

Undertaker, M. A. Diggs

Place of Business, S. Broadway

James L. Thomas M. D.
Medical Attendant.

Address, 42 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases of

Board of Health, City of Baltimore.

Permit No. 77796 *Office of Registrar of Vital Statistics* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT AUG 28 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 27, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Frederick Gumann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 4 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give street and Number.} 332 N. Frederick St.

Cause of Death, First (Primary), Calculus Senilis

Second (Immediate), Asthenia

Duration of Last Sickness, 4 Mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 29th

Undertaker Geo Schilling

Place of Business,

J. W. Hook M. D.
Medical Attendant.

Address, 70 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 7797 *Office of Registrar of Vital Statistics* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1884 BALTIMORE, MD

8

CERTIFICATE OF DEATH.

Date of Death, Aug. 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Casper Dorr

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 67 *Years,* 6 *Months,* 19 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Lithographer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baden Kopf. Hesse Darmstadt. Prussia

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and Number.} 42 Conway Street

Cause of Death, First, (Primary,) Phthisis pulmonalis (Consumption

Second, (Immediate,) do

Duration of Last Sickness, More than 10 years, confined to house about 2 months) —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 29th 1884

Undertaker, F. N. Stroll

Place of Business, #131 Hanover Address, 317 Madison Ave

Da Carey Human M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 77798 *Office of Registrar of Vital Statistics.* Ward 10

HEALTH DEPARTMENT AUG 28 1884 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Augt 26/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline M. F. Schmutzler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} S. W. Cor Pearl & Lexington Sts

Cause of Death, First (Primary),

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Date of Burial, Augt 28/84

Undertaker, Jos Krauss Son

Place of Business,

John F Steiner M. D.

~~Medical Attendant.~~

Address, Cor Pa & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Geo. Ed Brown

Sanitary Inspector

[over.]

Health Department, City of Baltimore.

Permit No. 7779

Office of Registrar of Vital Statistics.

AUG 28 1884

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 27 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. A. V. Bailey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months.* 27 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} &C Pucis Count Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.}

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion, during life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, Aug 28th 1884

Undertaker, Geo Rinehart

Place of Business, Forest Place

J. A. Robinson M. D.
Medical Attendant.

Address, 25 N Gilmore Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77800 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Knepper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 18 Selma Place

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Exhaustion

Duration of Last Sickness, abt 7 days

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, Aug 28/84

Undertaker, Isaac Herwig

Place of Business, 382 Orleans St

Charles M. Wolf M. D.
Medical Attendant.

Address, 67 East Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Extract on Back of this.

Board of Health, City of Baltimore.

Permit No. 7780 / Office of Registrar of Vital Statistics. Ward 13 XV

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S DEPARTMENT AUG 28 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah B Bott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color,

Married, Single, ~~Widow~~ *or* ~~Widower,~~ {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lancashire England

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and Number.} 459 W Baltimore St

Cause of Death, First (Primary), Debility

Second (Immediate), Paralysis

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem

Date of Burial, Friday Aug 29th

Undertaker J. R. McCoy

Place of Business, 72 W. Fayette *Address,* 248 N. Lombard St.

Edward R. Ward M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE, MD. AUG 28 1884

Permit No. 77802 Office of Registrar of Vital Statistics Aug 28 1884 Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Wednesday Aug 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Barbara Vogt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Wurtemburg Germany 27 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 788 W. Balto St.

Cause of Death, First (Primary), Old age. Mural Debility

Second (Immediate) 6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Pauls

Date of Burial, Aug 28 1884 Summit Howe M. D.

Medical Attendant.

Undertaker S. W. Leonard & Son

Place of Business, 782 W. Baltimore *Address,* 561 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7803 *Office of Registrar of Vital Statistics* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

AUG 28 1884

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 27 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adams S Holmes

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 51 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation Machinist

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, { Give street and Number. } 307 N. Amer St

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, August 29. 1884

Undertaker Henry Mc Ginnis

Place of Business, 11 & N. Central Avenue

J. B. Schwatka M. D.
Medical Attendant.

Address, 205 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 7780

Office of Registrar of Vital Statistics. 16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 27th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Briscoll

~~*Sex,*~~ *Male or* ~~*Female,*~~ { Cross out the word not required in this line. }

Age, 30 *Years,* *Months,* *Days.*

Color, Colo

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } St. Marys Co. Md

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, { Give street and number. } 15 Law Lt.

Cause of Death, { First, (Primary.) Pulmonary Consumption
Second, (Immediate.) 6 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem

Date of Burial, 29th Aug. 1884

{ *Undertaker,* [illegible] Nop
{ *Place of Business,* 95 Conway St

R. C. Smith *M.D.,*
Medical Attendant.

Address, 106 Columbia

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77805 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

AUG 28 1884

CERTIFICATE OF DEATH.

Date of Death, August 27 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cooke

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} male

Age, 48 *Years,* 10 *Months.* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Roofer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 92 Albemarle St

Cause of Death, First (Primary), Chronic Alcoholism

Second (Immediate), Pul. Congestion

Duration of Last Sickness, two Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Aug 29 84

Undertaker, James McGinnis

Place of Business, 43 Bowman *Address,* 1.S. Exeter

F. F. Moyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 77806 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 28, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Wilson Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 25 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 255 Edmondson Av.

Cause of Death, First, (Primary,)

Second, (Immediate,) Inflammation of Brain

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, August 29th '84

Undertaker, D. Emory Hamilton

Place of Business, 530 W. Fayette

J. W. C. Cuddy, M. D.,
Medical Attendant.

Address, 137 N. Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

CERTIFICATE OF DEATH.

(To be Retained by Physician.)

77806

Date of Death, Aug 28th 1884

Name of Deceased, Edward Wilson Smith

~~Sex, Male or Female~~,

Age, 1 Mo & 25 days

Color, White

~~Married, Single, Widow or Widower~~,

Occupation, —

Birthplace, Balto City

Duration of Residence in B. C. Lifetime

Place of Death, 255 Edmondson Av

Cause of Death, First (Primary),

Second (Immediate), Inflammation of Brain

Duration of last Sickness, —

REMARKS.

Dr Cuddy
Mount Olivet

Dr Mitchell

See following Certificate

John Murphy & Co., City Printers and Stationers.

Health Department, City of Baltimore.

Permit No. 7780 *Office of Registrar of Vital Statistics.* Ward 16

HEALTH DEPARTMENT AUG 28 1884 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Watts

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 197 Burgundy Alley

Cause of Death, First (Primary), Acute Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 29th 1884

Undertaker, John S. Mackey

Place of Business, 70 & 50 Lemdon

I H Emmey M. D.
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible] of this

Health Department, City of Baltimore.

Permit No. 77808 *Office of Registrar of Vital Statistics.* Ward 1a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPERLY FILLED CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE AUG 28 1884

CERTIFICATE OF DEATH.

Date of Death, August 27th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Wittbrecker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Give *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 2 Essex St

Cause of Death, First (Primary), Idiopathic

Second (Immediate), Trismus

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 28th 1884

Undertaker, John C. Schuh

Place of Business, Alice Anna St *Address,* 207 S. Broadway

Nicholas L. Bathiell Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77809 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 26 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel McGinnis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 1 *Months.* 15 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, School boy

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} Hodges Wharf foot of Wolf St

Cause of Death, First (Primary), Accidentally Drowned

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Aug. 28th 1884

Undertaker, J. H. Daiger

Place of Business, 74 S. Bway

H. Hall Ruthrauff M.D.

~~Medical Attendant.~~ Coroner

Address, 18 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 77810 *Office of Registrar of Vital Statistics,* **Ward** 15th

DEPARTMENT AUG 28 1884 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 27 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A Zanner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 9 *Months,* ~~—~~ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ~~—~~

Occupation Grocer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 79 Johnson St

Cause of Death, First (Primary), Schirrous Tumor in

Second (Immediate), Cancer of abdomen Two Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, August 31

Undertaker B. Hurle

Place of Business, 42 West St

E B Stith M. D.
Medical Attendant.

Address, 50 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Rules on the back of this C...

Health Department, City of Baltimore.

Permit No. 7781 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 28th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard N. Boswell.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 82 Ford Ave.

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Convulsions "

Duration of Last Sickness, Under Treatment 12hrs. / Supposed to have been sick several days.

All the above information should be furnished by the Physician.

Place of Burial, Lawson Park.

Date of Burial, August 29

Undertaker, B. Hall

Place of Business, " " "

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

AUG 28 1884

Permit No. 77812 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8. 27. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia C Gutman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* 8 *Months.* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria, Germany

Duration of Residence in the City of Baltimore. 31 yrs

Place of Death, {Give Street and Number.} 862 W. Pratt

Cause of Death, First (Primary), Alcoholism

Second (Immediate), Pulmonary Hemorrhage

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, Aug 29th

Undertaker, John H. Rees

Place of Business, 858 W. Pratt St *Address,* 467 W. Fayette St

L. Sitting M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, 6

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 28 1884 BALTIMORE MD

Permit No. 77813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas B. Arnigen

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Wood Carver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 247 E Fayette St Balto

Cause of Death, First, (Primary.) Central disease Suicide Melancholia

Second, (Immediate,) Insanity Haemorrhage from Stom

Duration of last Sickness, 6 Months Insane

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cem

Date of Burial, Aug 29th

Undertaker, W R Lothamy

Place of Business, 253 E Lombard St

Wm H Stokes M. D.
Medical Attendant.

Address, 141 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 77814 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 27 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Gent

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 1 *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give Street and Number.} 32 S. Bethel St

Cause of Death, First (Primary),

Second (Immediate), Malarial Fever

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, Aug 29

Undertaker, W. R. Watkins

Place of Business, 253 E. Fayette

J. J. Gross M. D.
Medical Attendant.

Address, 137 Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7785 *Office of Registrar of Vital Statistics.* Ward 15

HEALTH DEPARTMENT AUG 28 1884 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Portha Saumacher

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~Years~~, ~~Months~~, 10 Days

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 307 Hiccanna st

Cause of Death, First (Primary), Trismus nascentium

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cemetery

Date of Burial, St Paul Cemetery

Undertaker, John A Stuart

Place of Business, 265 Hiccanna

Thomas B Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7816 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridgett Ryan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give Street and Number.} S. W. Cor Round & Cross

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Mos

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Aug 29

Undertaker, James McGuinis

Place of Business, Front & Plowman *Address,* 212 Calvert St

C [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7781 7 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, aug. 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hormann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty-two years

Place of Death, {Give Street and Number.} # 286 S Bond St.

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), Paralysis

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetary

Date of Burial, August 29th 1884

Undertaker, Lenhart & Fritz

Place of Business, 277 S Bond St.

John H. Keller M. D.
Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 77818 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 28 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Thurston

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* 4 *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 37 Yrs

Place of Death, {Give Street and Number.} 4 Bruce St

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate), Suppression

Duration of Last Sickness, 1 Yr

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Aug. 29th 1884

Undertaker, H. Sanders & Son

Place of Business, 252 Pantano Ave *Address,* 347 Lexington

J. H. Buxton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 77819 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred B. Tucker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 5 1/2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Summerton Georgia

Duration of Residence in the City of Baltimore, 3 mos.

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal. Nutrition —

Second, (Immediate,) .....

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 29th 1884

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont Ave Address,

C. H. Brown M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Requested.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT, AUG. 29 1884 BALTIMORE, MD.

16

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 77820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernest Charles Bauke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number.} 34 Columbia Avenue

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenlawn Park Cemetery J. E. Kelly M. D.

Date of Burial, August 29th 1884 Medical Attendant.

Undertaker, Geo Leonhardt

Place of Business, 384 W Pratt St *Address* 82 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish him forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ...ving forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...d and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Rules on the other side.

Health Department, City of Baltimore.

HEALTH DEPARTMENT
AUG 29 1884
BALTIMORE MD

Permit No. 7782/ *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 28 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cassandra Edna Decourcy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 0 *Months.* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give Street and Number.} 31 Etting St.

Cause of Death, First (Primary), Pertussis.

Second (Immediate), Convulsions.

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 30 84

Undertaker, Martin Foley

Place of Business, 128 Lowndes St *Address,*

S. Ricketts *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 77824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 29 1894 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 29th 94

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Steeger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 *Days.*

Color, Wh

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 52 N. Greene St.

Cause of Death, {First (Primary,) Convulsions / Second (Immediate,)}

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County.

Date of Burial, 29 August.

Undertaker, W. E. Plowman

Place of Business, 181 Mary. Ave.

Wm. J. Dorsey M. D.
Medical Attendant.

Address Park Ave & Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 77823 *Office of Registrar of Vital Statistics.* Ward 13

HEALTH DEPARTMENT AUG 29 1884 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the correctness of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Aug 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Hogan

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore

Place of Death, {Give street and Number.} 11 Parkin

Cause of Death, First (Primary), Chronic Intestinal Catarrh

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug. 30th/84.

Undertaker Matthew Cadogan

Place of Business, 227 Gilmor St. *Address,* 283 W. Lombard

Edw F. Luetkemeyer M. D.
Medical Attendant.

1

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 77,824

Office of Registrar of Vital Statistics.

AUG 29 1884

BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 28 — "84"

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Lamson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* 7 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 23 yrs.

Place of Death, {Give street and number.} City Hospital

Cause of Death,
First, (Primary.) Incised wound on back of neck
Second, (Immediate.) Secondary hemorrhage occurring 14 days after the injury from sloughing of Profunda Cervicis art.

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Aug. 29-84

Alexander Hill, *M.D.,*
Medical Attendant.

Undertaker, M. J. Madden

Place of Business, 46 East 8d *Address,* Coroner Cent. Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77825 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 29 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kahl

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Wheelwright

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, about 23 years —

Place of Death, {Give Street and Number.} Maryland University Hospital

Cause of Death, First (Primary), Injuries received from being Struck by an Engine of B&O

Second (Immediate), R.R. on Loc 24 Chesapeake Aug 25

Duration of Last Sickness, Nine days —

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 29th 1884

Undertaker, Julius Koehler

Place of Business, Shapix Bros. *Address,* 40 So Sharp St

Dr. Snell *M. D.*
Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77826 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 29 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 27th August 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Dixon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 7 *Months,* *Days*

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 97. China St.

Cause of Death, First (Primary), Diarhea

Second (Immediate), Convulsions

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 29th 1884

Undertaker, Wm. H. Chase

Place of Business, 175 E. Howard st *Address,* 146. Eutaw St.

L. D. Offer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Rules printed on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 17827 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 26th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Hilemayer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, *Years,* 2 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 1188 E. Fayette St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 30 1884

Undertaker Ch Rossing

Place of Business, 196 E Balt St. *Address,* 116 N Gay St

Chas. Thurgood Veen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77828 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1884 BALTIMORE, MD

a

CERTIFICATE OF DEATH.

Date of Death, Aug 29. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louie Chiswith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months.* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 61 Dover St

Cause of Death, First (Primary), I did not see this child before Evidently Dysentery the mos a time ante

Second (Immediate), Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 30 1884 Edward Brady M. D.

Medical Attendant.

Undertaker, Ernest Schuman

Place of Business, 181 Marsh St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Blanks on Back of this C...

Board of Health, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE MD. AUG 29 1884

Permit No. 77829. *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, August 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Savage

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Marys Co. Md

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and Number.} 292 Raborg St.

Cause of Death, First (Primary),

Second (Immediate). Typhoid Fever

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 29th 1884

Undertaker Wm A. Dunn

Place of Business, 462 East Pratt *Address,* 560 W Fayette St.

Jno M Moore M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Rules below, and to Blanks on Back of th

Board of Health, City of Baltimore,

Permit No. 77830 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 28. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. R. Mullikin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 59 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbott Co. Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} # 407 St. [redacted] Bond st

Cause of Death, First (Primary), Dysentery

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 days

the above information should be furnished by the Physician.

Place of Burial, Talbot Co Md

Date of Burial, [redacted] 29/84

Undertaker [redacted]

Place of Business, [redacted] Broadway

Geo. A. Hartman M. D.
Medical Attendant.

Address, # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3381 Transit

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77831 *Office of Registrar of Vital Statistics.* Ward 9th

HEALTH DEPARTMENT AUG 28 1884 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the correct filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

71

CERTIFICATE OF DEATH.

Date of Death, Aug 28 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas Jackson

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. } Male

Age, 40 *Years,* —— *Months,* —— *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation Waiter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } City Hospital

Cause of Death, First (Primary), Phthisis

Second (Immediate), Cs Physica

Duration of Last Sickness, 3 Months

All the above information should be furnished by the ~~Physician~~.

Place of Burial, New Cathedral

Date of Burial, Aug 29 '84

Undertaker Geo Rinehart

Place of Business, Forest Place

Wm R. Clark M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77832 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 28 1884 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Aug. 27 '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lee

~~Sex,~~ Male or ~~Female~~, {Cross out the word not required in this line.} —

Age, 38 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, Produce Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 170 Park ave.

Cause of Death, First (Primary), Unknown

Second (Immediate), died Suddenly

Duration of Last Sickness, The case was investigated

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, August 31st 1884

Undertaker, John J Andrews No 4 and 6

Place of Business, Druid Hill Av.

W. H. Jones M. D.

Coroner

~~Medical Attendant.~~

Address, 326 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 77833 *Office of Registrar of Vital Statistics.* Ward 12,

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1884 BALTIMORE, MD.

84

CERTIFICATE OF DEATH.

Date of Death, Aug. 28/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William —

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — — *Months,* 14 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug. 29th/84.

Undertaker Frank McVeagh

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore.

Permit No. 7783-F. *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday August 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Edgar Houck

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baeto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 33 Stockton St.

Cause of Death, First (Primary), Smothered from having gotten his head under a pillow during the night

Second (Immediate) —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 30/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 560 W Fayette St.

S. Summerfield Norris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 17835

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 28 August

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. Hurst

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 38 Years, — Months, — Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Printer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 576 Lexington St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of last Sickness, Nearly 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Aug 30th 84

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw St.

B. J. Leonard M. D.
Medical Attendant.

Address, 314 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 77836 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Augt. 28 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christ D Krug

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 529 Eastern Ave

Cause of Death, First (Primary),

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem.

Date of Burial, Aug 29th '84

Undertaker, G. Franc

Place of Business, Bantz & Wolfe *Address,* 243 Broadway

W. K. Keller *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77837 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 28 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tiecy Coffin

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Probably about 60 *Years,* or over *Months,* *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, about 12 yrs -

Place of Death, {Give Street and Number.} 402 N. Calvert - Balto

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Asthma

Duration of Last Sickness, about - 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Church at Emmitsburg

Date of Burial, Aug 30th 1884

Undertaker, Thos J Cole

Place of Business, 173 Jefferson, *Address,* 143 N Exeter St -

H. Shull *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

HEALTH DEPARTMENT AUG 29 1884

Permit No. 77838 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 28th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J. Bolden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Two *Months,* (4) Four *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 9 Jefferson St Court

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Brain Trouble

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Asbury & Cem'y

Date of Burial, Aug 30th 1884

Undertaker, J J Lucas

Place of Business, 473 Jefferson St

Frances H. Turner M. D.
Medical Attendant.

Address, 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians [illegible]

Health Department, City of Baltimore.

Permit No. 7839 *Office of Registrar of Vital Statistics.* AUG 29 1894 Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29/94

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm F & Annie L Roellger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, ~~Months~~. 13 Hours ~~Days~~.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 69 S. Eutaw St

Cause of Death, First (Primary),

Second (Immediate), Valvular Disease of Heart.

Duration of Last Sickness, 13 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, August 30/94

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St

A. L. Lohr M. D.
Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore.

Permit No. 7784 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD. AUG 30 1884

CERTIFICATE OF DEATH.

Date of Death, Aug. 28. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. T. Saunders

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath. Md

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and Number.} 1 Peabody st.

Cause of Death. First (Primary), Typhoid fever

Second (Immediate),

Duration of Last Sickness, 28 days

the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, Aug 31st. 1884

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St.

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 S. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Th[illegible] Special Attention [illegible]

Board of Health, City of Baltimore,

Permit No. 7784 / *Office of Registrar of Vital Statistics.* Ward 5 - 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 30 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Leary

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 4 *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 360 N. Gay St.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 30th 1884

Undertaker, Wm. H. Hickman

Place of Business, 284 N. Gay St, *Address,* 186 Aisquith St.

H. T. Reynolds M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77842 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 30 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, August 29 th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J Mc Cormick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirty five *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Ex police Officer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, about thirty years

Place of Death, {Give Street and Number.} Jefferson & Caroline Sts

Cause of Death, First (Primary), Burning abscess from the left side of the abdomen

Second (Immediate), Extreme exhaustion

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, August 31

Undertaker, Henry McGinnis

Place of Business, 8 & 7 Central Ave

Milton J Taylor M. D.
Medical Attendant.

Address, 135 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 77843 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH AUG 30 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Bannon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Three — *Years,* Three — *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 58 Clifford St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) ~~Six days~~

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Ce

Date of Burial, Aug 31/84

Undertaker, J. B. Cook

Place of Business, 717 Lo Balto *Address.* 211 W Lombard St

W. T. Phillips M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Health Department, City of Baltimore.

Permit No. 17844 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 30 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Baumtach

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 28 *Years,* ~~Months.~~ ~~Days~~

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ~ 3 years ~

Place of Death, {Give Street and Number.} No 307 Aliciana st

Cause of Death, First (Primary), Puerperal Fever

Second (Immediate),

Duration of Last Sickness, ~ 10 days ~

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, 31 August 1884

Undertaker, John C. Silsch

Place of Business, 26 Allen ave

Thomas B. Evans M. D.
Medical Attendant.

Address, 32 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77845 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 30 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 30/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Neef

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *6* *Months.* *10* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 20 Bank St.

Cause of Death, First (Primary), Dentition

Second (Immediate), convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, August 30th

Undertaker, H. Lurk

Place of Business, 23 Bank St

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 77846 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 30 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 30" 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Ray

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore. During life

Place of Death, {Give Street and Number.} 16 Giltings

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 31/84

Undertaker, Armstrong Bros

Place of Business, 263 Light

D. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77847 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 30 1884

CERTIFICATE OF DEATH.

Date of Death, Aug 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Walker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 6

Place of Death, {Give Street and Number.} 6 Fort Ave.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Apnoea

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 31/884

Undertaker, Armstrong & Kenny

Place of Business, 263 Light St.

Jos. Ellis M. D.
Medical Attendant.

Address, 313 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ... of this C...

Board of Health, City of Baltimore,

Permit No. 77848 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 29 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Julia Didier

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days,*

Color,

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, {Give street and Number.} 128 Lanvale

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug 31st 84

Undertaker, Metzerott & Ro...

Place of Business, Park Avenue *Address,* 114 Park

T. E. Shatard Jr M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 77849 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 30 1884
BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, August 29. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles L. Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, ~~0~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate,) .....

Duration of Last Sickness, 5 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 30

Undertaker, C D Buzzard

Place of Business, 201 Penna Ave

C. T. Bevan M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 77850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C W Gates

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* 7 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stone Cutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 34 Frederick Road

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, September 1st 1884

Robt K Kneass M. D.
Medical Attendant.

Undertaker, Henry McCutcheon

Place of Business, 560 W Fayette st *Address,* 554 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Health Department, City of Baltimore.

Permit No. 7785 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Zahrendt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 6 Months, 10 Days

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore & Poppleton St

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 678 W. Baltimore St

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Alphanus

Date of Burial, Aug 30

Undertaker, P Burke

Place of Business, 707 Baltimore St

Louis Chas Hom M. D.
Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 77852 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. Lyttle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* 9 *Months,* 18 *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} W

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 391 Franklin St

Cause of Death, First, (Primary,) Cancer of Womb

Second, (Immediate,) Gradual Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Aug 31st 1884

Undertaker, F. Lewis Schaub

Place of Business, 709 W Fremont *Address,* 709 N Carrollton Ave

John Neff M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of Births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7785 3 *Office of Registrar of Vital Statistics.* Ward 1 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 30 1884 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Aug 27 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas S. Merrick

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 *Years,* 7 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Engineer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, { Give Street and Number. } 60 Eddy St.

Cause of Death, { First (Primary), Phthisis Pulmonalis / Second (Immediate), }

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Int- Carmel

Date of Burial, Aug 31 84

Undertaker, Kelly & Son

Place of Business, 81 No Broadway *Address,* 53 Eden St.

E. Dorsey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 77854 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 30 [illegible] BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, August 28th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Sullivan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 29 *Years,* *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since Born

Place of Death, { Give street and Number. } No 78 S. High Street

Cause of Death, First (Primary). Pulmonary Tuberculosis

Second (Immediate).

Duration of Last Sickness, Six months

All the above info matter should be furnished by the Physician.

Place of Burial, St. Patricks Cemetary

Date of Burial, Aug 31st 84

Undertaker Wm J Blame & Bro ~~Wm. Burns~~

Place of Business, No 632 Front St

P. G. Dausch M. D.
Medical Attendant.

Address, 325 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7855 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 30 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Aug 29. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Donohue

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Watchman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 6 Beck Lane

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Aug 31 th

Undertaker, H. C. Wiedefeld

Place of Business, 9 Gaunnon Ave

James Bailey M. D.
Medical Attendant.

Address, 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77856 *Office of Registrar of Vital Statistics.* Ward 12"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 29 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch Evans

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 11 Brunt St

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, August 30th

Undertaker, Jos F Laake

Place of Business, 60 Corbin St

M K Warren M. D.,
Medical Attendant.

Residence, Lafayette Ave & Fulton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 77857 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 28th August 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hughes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 4 Months, 14 Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 2824 Hamburg St

Cause of Death, First (Primary), Diarrhea

Second (Immediate), Meningitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Christ St cem

Date of Burial, Aug 30 1884

Undertaker, H Ross

Place of Business, 95 Conway st

L. D. Lee M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 77858

Office of Registrar of Vital Statistics. (12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

REGISTRAR'S DEPARTMENT
AUG 30 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 29: 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Gunnwood Lee

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 3 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give street and number.} 65 McCulloh St

Cause of Death, First, (Primary.) Acute Peritonitis

Second, (Immediate.)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va.

Date of Burial, August 30th 1884 P. C. Williams M.D.,
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw *Address,* 201 Mad. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special

[OVER.]

Health Department, City of Baltimore.

Permit No. 7789 *Office of Registrar of Vital Statistics.* 7859

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 30 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 29 — '84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David N. Dawson

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Drug-miller

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give Street and Number.} No. 1 Hamilton St.

Cause of Death, First (Primary), Cardiac Disease — ~~died~~ ~~dead~~

Second (Immediate), ~~death~~ — was found dead on floor

Duration of Last Sickness, Died instantly

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 1st 1884

Undertaker, D Emry & Indeme

Place of Business, 550 W Fayette St

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 17860 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel T. Mathaney

Sex, Male or Female, {Cross out the word not required in this line.} Ma

Age, 33 *Years,* — *Months,* — *Days.*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Chesapeak bay Pilot

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 47 N. Bond St.

Cause of Death, First (Primary). Typhoid fever.

Second (Immediate). Asthenia

Duration of Last Sickness, 8 weeks.

All the above info mation should be furnished by the Physician.

Place of Burial, Balto Cemetery.

Date of Burial, Sept 1st 1884

Undertaker Dennis & Mitchell

Place of Business, 65 S Broadway *Address,* 1 S. Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7761

Office of Registrar of Vital Statistics.

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 28th '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Hospitals

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Brookington S. C.

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 332 E. Pratt

Cause of Death, First (Primary), Chronic Ulcer of Stomach

with

Second (Immediate), Cirrhosis of Prostate Gland

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 31st 1884

Undertaker, Henry H Mitchell

Place of Business, 66 S Broadway

John A Morrison M. D.
Medical Attendant.

Address, 5 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7862 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT AUG. 30 1884 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Murphey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 3 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} 608 Carrollton av

Cause of death, First, (Primary,) Accident

Second, (Immediate,) Paralysis of Brain

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Sept 2/84

Undertaker, M Cadogan

Place of Business,

Dr. C. M Lurz M. D.,
Medical Attendant.

Address, 552 W. Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77863 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 30 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 29th August 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa E Walker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick City

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and Number.} 46 N Eden St

Cause of Death, First, (Primary,) Cancer Uteri Scirrhoid

Second, (Immediate,) Asthenia

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial September 1st 1884

Undertaker, M. A. Taylor

Place of Business, 74 S. Broadway

Gm H Steffenderfer M. D., Medical Attendant.

Address, 140 Bolton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 77864 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice A Beatty

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* —— *Months.* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ——

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 167, Scott

Cause of Death, First (Primary), ——

Second (Immediate), Summer Vomiting

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 31, 84

Undertaker, Wm J. Tickner

Place of Business, 66 S. Eutaw

Jno D Blake M. D. Medical Attendant.

Address, 158 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 17865 *Office of Registrar of Vital Statistics.* Ward 1 L

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 30 1884
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 10 30 P M Friday Aug 29th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mickel Morrissey

Sex, Male or ~~Female.~~ { Cross out the word not required in this line. } Male

Age, 38 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, ~~Single, Widow or Widower.~~ { Cross out the word not required in this line. } Married

Occupation Iron Shingler

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, { Give street and Number. } 431 Allis Anna St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), do do

Duration of Last Sickness, about two Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, Aug. 31. 1884

Undertaker H. L. Sanders & Son

Place of Business 252 Canton Ave

J. E. Prichard M. D.
Medical Attendant.

Address, 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77866 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 30 1884

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnna Stadler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 2411 E Madison Ave

Cause of Death, First (Primary), Brain - Fever

Second (Immediate), "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 31st 1884

Undertaker, John Henrici

Place of Business,

I saw the Child M.D.

~~Medical Attendant.~~

Address, Cor Pa. R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7786?

Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 30. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannie Bell Sparrow

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 Year, 8 Months. 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Louis Mo.

Duration of Residence in the City of Baltimore, 18 mos.

Place of Death, {Give street and Number.} 60 E. Fayette st.

Cause of Death. First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Sept 1st 1884

Undertaker Henry Sander & Son

Place of Business, 252 Lanvale

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 77868 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 29, 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Pulley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 24 Hunter St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Asthenia

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 31

Undertaker, H Ross

Place of Business, 15 Monument St

W. E. Boyd M. D.
Medical Attendant.

Address, 210 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Page

Board of Health, City of Baltimore.

Permit No. 77869 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, August 30. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie L. Novak

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and Number.} 22 Moyer St.

Cause of Death. First (Primary), Puerperal Septicemia

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, August 31 st

Undertaker V. S. Forst

Place of Business, Eastland & Jefferson

J. H. Leollenberg. M. D.
Medical Attendant.

Address, 364 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77870 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Dmohua

Sex, ~~Male or Female.~~ {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 80 Parkin St

Cause of Death, ~~First (Primary),~~ Diphtheria

Second (Immediate), Blood poisoning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Aug 31 1884

Undertaker, Matthews Cadogan

Place of Business, 227 Mulberry St *Address,* B. G. Dis[illegible]

J. H. Clark M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7787 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 84 - 7.30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Meyer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 35 *Years,* ..... *Months.* ..... *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Coppersmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Mania d'Potu Drink

Second (Immediate), Coma

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Aug 31 1884

Undertaker, A Boarman

Place of Business, 70 Maulbery St *Address,* .....

E. V. Hood *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 7787 2

Office of Registrar of Vital Statistics.

13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT AUG 19 1884

10

CERTIFICATE OF DEATH.

Date of Death, Aug. 29. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Backman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Bricklayer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 76 Park Ave

Cause of Death, First, (Primary) Hypostasis of Heart

Second, (Immediate) Pulmonary Cerebral Congestion

Duration of Last Sickness, [redacted] hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Aug 31 1884

Undertaker, A Rosenberger

Place of Business, 7 Amelung St

J. H. Sauppe M.D.,
Medical Attendant.

Address, 707 Cent St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore.

Permit No. 77873 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT REGISTRAR'S OFFICE 1884

B

CERTIFICATE OF DEATH.

Date of Death, August 28th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Wines

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 40 *Years,* — *Months,* — *Days,*

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married ✓

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } No. 207 N. Durham St.

Cause of Death, First (Primary), Consumement - adherent Placenta

Second (Immediate) Hemorrhage - Shock child birth

Duration of Last Sickness, Ten Hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 31st 1884.

Undertaker Wm N Quinlee

Place of Business, No 62 East St. *Address,* 116 E Fayette St

Whitefield Winsey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77874 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Waters

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 0 *Years,* Ten *Months,* 0 *Days*

Color, Light brown

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, Ten Months

Place of Death, {Give Street and Number.} No 54 Vincent Alley

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 31 st 1884

Undertaker, Wm C Dwyer

Place of Business, No 62 [illegible]

Bey F Bohrer M. D.
Medical Attendant.

Address, cor Druid Hill & Dolphin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7787 ½, *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29 Aug 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Snowden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 30 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 5 N. Stockton St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 5 N. Stockton St

Cause of Death, First (Primary), Never saw the child — The grandmother says it had "inward spasms" from its birth. The mother has

Second (Immediate), Delicate & scrofulous & the child & one

Duration of Last Sickness, [illegible] During life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 30th 1884

Undertaker Wm N Dingee

Place of Business No 62 East 4th

John Hood M. D.
Medical Attendant.

Address, 594 W. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77876 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1884 BALTIMORE

CERTIFICATE OF DEATH.

B

Date of Death, Aug 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Earnest Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 57 Stricklow Alley

Cause of Death, First (Primary), Summer Complaint

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 31st 1884

Undertaker, Wm M. Linger

Place of Business, No 62 East St

F. M. Benson M. D.
Medical Attendant.

Address, 187 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77877 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharina Gerlach

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty Years.

Place of Death, {Give Street and Number.} S. E. Corner of Wolfe & Thames Sts

Cause of Death, First (Primary), Dropsy

Second (Immediate),

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, 5th Reformt Cemtery

Date of Burial, August 31th 1884

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Anne

Nicholas L. Dashiell Jr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 77878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jos E Leight. Jennie B Leight (Parents)

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 3 hours *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 225 George St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 225 George St

Cause of Death, { First (Primary,) ____ Second (Immediate,) Cong. Labor

Duration of Last Sickness, S P 7th Month Child.

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, Aug 31st 1884

A. A. White *M. D.*

~~142 Lanvallton~~ *Medical Attendant.*

{ *Undertaker,* F. Louis Schaefer

{ *Place of Business,* 109 N Fremont St *Address* 143 Lanvallton Ave East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health Department, City of Baltimore.

Permit No. 7787 9 *Office of Registrar of Vital Statistics.* Ward 9"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE AUG 31 1884

Date of Death, Aug 29. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Driggs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 25 Wayne St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, August 31 1884

Undertaker, Wm H. Madden.

Place of Business, 46 East St

C. E. Berry M. D.
Medical Attendant.

Address, 20 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 77880 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 31 1894 BALTIMORE

Date of Death, Aug 30 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. W. Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} —

Age, *Years,* 4 *Months.* *Days*

Color, Col'd

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Ayr Line

Place of Death, {Give Street and Number.} 59 Penn alley

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 31

Undertaker, H Ross

Place of Business, 95 Conway St

Wm A. James M. D.

Coroner ~~Medical Attendant.~~

Address, 326 Stricker

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77881 ; *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michel E. Gorman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 0 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 92 N. Eden st.

Cause of Death, First (Primary),

Second (Immediate) Tetanus Traumaticus

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 1. 1884

Undertaker Henry McGinnis

Place of Business 8 & 11 Central Ave.

Wm. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77882 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Jr Ogle

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Four *Years,* Two *Months,* Two *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} No 2 Pullman Place (cor Saratoga & Frieght Alley)

Cause of Death, First, (Primary,) ~~Fall~~

Second, (Immediate,) Cerebro Spinal Meningitis

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sept 1 1884

Undertaker, J. B. Cook

Place of Business, 707 W. Balto *Address,* 17 N. Calhoun st.

Truman T Hill M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77883 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 31 1884 BALTIMORE

Date of Death, Aug 30th-84-12.30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred Simmonds

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 42 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Potter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eng - 15 yrs. in America

Duration of Residence in the City of Baltimore, 15 " " Balto

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), exhaustion

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel cem

Date of Burial, Aug. 31. 1884

Undertaker, H. Saunders & Son

Place of Business, 252 Eastern Av *Address,* 1808 N. Calvert St

Oscar F. Cordery M. D.
Medical Attendant.
E.V.C.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7884 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

2

AUG 31 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie M. Busch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 9 *Months,* 5 *Days*

Color, White

~~*Married,* Single, *Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 415 E. Fayette St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Marasmus. Chronic enteritis

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sep 1 & 1884

Undertaker, John Hennig

Place of Business, 382 Aisquith St

Jno. J. Lynch M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 77885 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Peterson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Five *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 59 Duncan Alley

Cause of Death, First (Primary), Diptheria

Second (Immediate). Apnoea

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Sep 1 6 1884

Undertaker John Henning

Place of Business 382 Orleans St *Address,* 208 N. Broadway

J. B. Schwatka M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7886

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 1 1884
REGISTERED

CERTIFICATE OF DEATH.

Date of Death, August 29, 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 20 Goodmans alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 1 1884

Undertaker, H Ross

Place of Business, 23 Commerce St

W. S. Bowie M. D.
Medical Attendant.

Address, 240 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 7788 *Office of Registrar of Vital Statistics.* SEP 1884 Ward 8?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 30 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Letta Hall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* ..... *Months.* ..... *Days*

Color, black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give Street and Number.} 33 Canal alley

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Sept 2nd 1884

Undertaker, Charles I Scriven

Place of Business, 271 Eutaw St

G Lane Tanyhill M. D.
Medical Attendant.

Address, 219 madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 77888 *Office of Registrar of Vital Statistics.* Ward 12 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30, 1884,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Feeney

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* ..... *Months,* ..... *Days*

Color, W

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Fancy Store

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 295 Penn.a Avenue

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, Abt two years

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Sept 2nd 1884

Undertaker, Charles Scriven

Place of Business, ... *Address,* .....

Richard McSherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77889 *Office of Registrar of Vital Statistics,* Ward 3 d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Albert

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 1 year & 3 months

Place of Death, {Give Street and Number.} # 48 S. Central Ave.

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem

Date of Burial, Sept 1st 84

Undertaker, G. Frame

Wm H Norris M. D.
Medical Attendant.

Place of Business, Bond & Wolfe *Address,* 157 E. Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7784 Office of Registrar of Vital Statistics, Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 31/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George B. Freeman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* , *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} 92 William St

Cause of Death, First (Primary), Congestion

Second (Immediate), Diphtheria

Duration of Last Sickness, about 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, September 1

Undertaker B Hurd

Place of Business, 92 West St

Jno H Smith M. D.
Medical Attendant.

Address, 287 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7789 1

Office of Registrar of Vital Statistics.

Ward 1 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED AUG 31 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 28 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Taylor

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 1 4/12 *Years,* *Months,* *Days*

Color, Colored

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Sailor Th Marys Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Canton Hollins foot of Bank St

Cause of Death, First (Primary), Accidentaly Drowned

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E Pub Cemy

Date of Burial, Aug 31 1884

Undertaker, Geo Rembert

Place of Business, Forest Pl

C Hall Rutter M. D.

~~Medical Attendant.~~ Coroner

Address, 8 P Ave Gwd

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 77892

Office of Registrar of Vital Statistics.

BALTIMORE HEALTH DEPARTMENT SEP 1 1884 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

9 a

CERTIFICATE OF DEATH.

Date of Death, Aug. 30—"84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Flannery

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland 30 yrs.—

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Ft. W. Falls Ave.—

Cause of Death, First, (Primary.) Asphyxia, caused by acci-

Second, (Immediate.) dental drowning.—

Duration of Last Sickness, Died instantly.—

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem'y

Date of Burial, Sept 1' 1884

Undertaker, Geo Rinehart

Place of Business, Forest Place

Alexander Hill, M.D.,
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 77893 *Office of Registrar of Vital Statistics.* Ward 3 "1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 31-1884 (Vonieff)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa L Von Vonieff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 19 N. Caroline St

Cause of Death, First (Primary), Marasmus-

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 months

the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 1/84

Undertaker C. H. Flowering

Place of Business, 196 E Balt St

G. F. Taylor M. D.
Medical Attendant.

Address, 234 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77894 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT SEP 1 1884 BALTIMORE, MD.

54

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 84 - 1.30 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Kinnegan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female Kinnegan

Age, 78 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Berlin

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give Street and Number.} St Joseph's Hospital

Cause of Death, First (Primary), Appoplexy

Second (Immediate), Coma

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Sept 1st 1884

Undertaker, Henry Koch

Place of Business, 30 N Eutaw St

Oscar Leverty M. D.
Medical Attendant. B.V.H.

Address, 188 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 7785 *Office of Registrar of Vital Statistics,* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 1 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heston R Wright

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 35 Strathdun

Cause of Death, First (Primary),

Second (Immediate), Meningitis (Tubercular)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, Sept 3rd 2

Undertaker, G. Karle

Place of Business, 82 West St

Known to me M. D.

Medical Attendant,

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 7896 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 1 1884 BALTIMORE MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie D Toft

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* 11 *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and Number.} 48 S. Sharp St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate). Exhaustion

Duration of Last Sickness, 5 months

The above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, September 2d

Undertaker Wm J. Tickner

Place of Business, 65 S. Eutaw Address 195 W. Fondaw St

Z. K. Wiley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7787 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months.* 1/2 (3 hours) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 6 W. Centre St

Cause of Death, First (Primary), Premature Birth

Second (Immediate),

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 1st 1884

Undertaker, James L Byrne

Place of Business, No 63 N Front St

Geo J Preston M. D.
Medical Attendant.

Address, 1211 Court

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 17898 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W O Hammond

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, V

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Fred K Co Md

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give Street and Number.} 708 Hammond St

Cause of Death, First (Primary), ~~Fever~~ Died from birth

Second (Immediate), Malarial Fever

Duration of Last Sickness, 3 or 4 days Insane

All the above information should be furnished by the Physician.

Place of Burial, Carroll Co. Md

Date of Burial, Sept. 3/84

Undertaker, J. B. Cook

Place of Business, 707 W Balto St

Known to me M. D.

Medical Attendant.

Address, 416 Hammond St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

by B & O R R

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3382 Transit

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 77899 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1884

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Stier

Sex, Male or Female. {Cross out the word not required in this line.} ~~Female~~

Age, 8 *Years,* 3 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ ✓

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 129 South St

Cause of Death. First (Primary), Erysipelas of the arm & chest

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cy

Date of Burial, Sept. 2/84

Undertaker J. B. Cook

Place of Business, 707 E. Balto St. *Residence,* 283 W. Lombard

Edwd F. Michael M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Health Department, City of Baltimore.

Permit No. 17900 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcus Donk

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 4 *Days*

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} S

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 mos

Place of Death, {Give Street and Number.} Canal St. N° 109,

Cause of Death, First (Primary), Marasmus

Second (Immediate), Diarrhoea

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Septr 1st 1884

Undertaker, Peter Frey

Place of Business, 91 Eleventh Ave

Wm P Chunn M. D.
Medical Attendant.

Address, University of Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 17981 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 31. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maud Louise Orion,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 21 Days,

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 386 E. Baltimore St.

Cause of Death, First (Primary),

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Tuesday Sept. 2nd

Undertaker John. R. McCoy

Place of Business, 22 W. Fayette St. *Address,* 95 E. Baltimore St.

J. N. Hoeck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17902 — Office of Registrar of Vital Statistics. 19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 31st 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James E. Cook

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male —

Age, —— *Years,* 3 1/2 *Months,* —— *Days.*

Color, Col — *Sex,* Male —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 32 Stockton al., city —

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 32 Stockton al.

Cause of Death, {First (Primary,) Cholera infantum

Second (Immediate,) Meningitis sub.

Duration of Last Sickness, Ten days —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery,

Date of Burial, Sept 1 1884

Undertaker, William Lange

Place of Business, 62 East St

E. H. Holbrook, M. D.
Medical Attendant.

Address 185 N. Carey St —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 17903 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

12

CERTIFICATE OF DEATH.

Date of Death, ~~Sept 31~~ Aug 31 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Rosenstein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, One Months, 14 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} x

Occupation x

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 50 Market Place

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, All day

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom

Date of Burial, Sept 2 1884

I was not in attendance upon the child. The father tells me that it had always been a delicate child, and that it was suddenly attacked with vomiting & purging which soon ended in collapse. These were the Physicians called.

A Friedenwald M. D.

Medical Attendant.

Undertaker Wm Eilau

Place of Business, 101 Gough St *Address,* 87 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 74904 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Stockhausen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Twelve *Years,* Six *Months,* Eighteen *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Schoolgirl

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 366 Pratt St.

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 2/84 - 4 P.M.

Undertaker, W. Otterling

Place of Business, 70 Aisquith St *Address,*

W. Goutel *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 77905 ; *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice Gregory Dorsey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 88 Hanford Ave

Cause of Death, First (Primary),

Second (Immediate) Dentition & Indigestion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cem

Date of Burial, Sept 1st 1884

Undertaker for Payne

Place of Business, 65 Hanover *Address,*

Wm Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17906 Office of Registrar of Vital Statistics. Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

28

CERTIFICATE OF DEATH.

Date of Death, September 1st 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Kingard. Kingard

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* Twenty *Months,* ——— *Days,*

Color, white

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, { Cross out the word not required in this line. }

Occupation None.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } N. E. corner Washington & Keyser Sts.

Cause of Death, First (Primary), Dentition — Diarrhoea.

Second (Immediate), Exanition.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 2. 1884

Undertaker John W Jackson

Place of Business, 69 S Gaurtney

L. F. Martenet M. D.
Medical Attendant.

Address, Belair Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to [illegible]

Board of Health, City of Baltimore.

Permit No. 17987 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Coleman H. Booker

Sex, Male or ~~*Female*~~, { Cross out the word not required in this line. }

Age, *Years,* 2 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 544 Druid Hill Ave.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Brain Inflammation,

Duration of Last Sickness, 4 D. Hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Sept 2d 1884

Undertaker, Chas F. Sohlemann

Place of Business, 181 Sharp St. *Address,* 273 Lexington St.

John L. A. Frazer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77908 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 2 1884

CERTIFICATE OF DEATH.

Date of Death, Aug 31 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Jauch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Supposed to be Male

Age, 40 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Not known

Occupation, " "

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give Street and Number.} No 16 Hanover Street

Cause of Death, First (Primary), Suicide by Hanging

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Sept 2 84

Undertaker, Frey & Son

Place of Business, 14 N Broadway

Hall Ruth M. D.
Medical Attendant.
Coroner

Address, 101 St Augustine Sq

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 17909 *Office of Registrar of Vital Statistics.* Ward 15 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 1, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulu M. Callihan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months.* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 76 Hamburg St

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, September 3

Undertaker, B. Ward

Place of Business, 52 W. Pratt St. *Address,* 146 Hanover St

Thos. Scott M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77910 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 2 1884
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 1 September 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Weigman

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 3 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} Dawson Alley 69

Cause of Death, First (Primary), Meningitis cerebralis

Second (Immediate), Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Lyttonsville Cemetery

Date of Burial, 3 September 1884

Undertaker, Leimbach

Place of Business, W. Pratt St.

A. J. Steinhardt M. D.
Medical Attendant.

Address, 205 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 77911 *Office of Registrar of Vital Statistics.* Ward 18 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S DEPARTMENT
SEP 2 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 1 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Volkroh

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 23 *Years,* 1 *Months,* — *Days,*

~~*Color,*~~ W

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and Number.} 14[illegible] Calvaton Road

Cause of Death, First (Primary), Entroitis

Second (Immediate), Asthenia

Duration of Last Sickness, Two weeks (about)

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 3rd

Undertaker John T. Paulus

Place of Business, 66 Frederick Ave *Address,* 642 W. Fayette St

E. C. McDowell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7912 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 2 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Cassell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 68 *Years,* 10 *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, House keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} 213, Edmondson Avenue

Cause of Death, First, (Primary,) Hernia - omental.

Second, (Immediate,) Strangulated -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Sep. 2 84

Undertaker, J. B. Cook

Place of Business, 707 E. Balto. *Address,* 317 Madison Ave

D. A. Carey Hiomay M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77913 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE SEP 2 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida B. Nunnaly

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* ..... *Months,* ..... ~~*Days*~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 544 Canton Ave

Cause of Death, First (Primary), Acute Meningitis

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Elder Hill Cem.

Date of Burial, September 2 1884

Undertaker, Dandy & Son

Place of Business 252 Canton Ave *Address,* 22 Jackson Square

Thomas R. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77914 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, September 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Josiah Evers~~ Joseph H. Evers.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City —

Duration of Residence in the City of Baltimore, 21 days —

Place of Death, {Give Street and Number.} 115 William St

Cause of Death, First (Primary), Premature birth,

Second (Immediate), Inf Mouth Atelectasis

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mt Calvary

Date of Burial, September 2

Undertaker, B. Hall

Place of Business, 42 West St

H. H. Bell M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 77965 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 2 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 1st 9 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Selina Ernst.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} #205 S Paca St

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 205 S. Paca St

Cause of Death, First (Primary), Infantile Unknown

Second (Immediate),

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, September 3 84

Undertaker Philip J. Dier

Place of Business 183 Columbia Av.

Emil K. Sindrici, M. D.
Medical Attendant.

Address, Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 77916 *Office of Registrar of Vital Statistics* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *fully and accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Aug. 31. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. B. Carroll

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 83 *Years,* 8 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Ropemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington, D.C.

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give street and Number.} 336 E. Chase st.

Cause of Death, First (Primary), Asthma 1 Senility

Second (Immediate),

Duration of Last Sickness, For 30 years Has been suffering from bronchial asthma

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cem

Date of Burial, Sept. 3rd 1884

Undertaker Wm H. Hickman

Place of Business, 232 N. Gay St

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 77917

The Physician who attended any person in a last illness is respensible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 2 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Trager

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 1 *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Ten Years.

Place of Death, {Give street and number.} No. 22 Cannon Street

Cause of Death, {First (Primary,) Consumption of the Lungs. Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Ev. M. Paulus. C. *Date of Burial,* Wensday Sept 3rd

Undertaker, Sprenkle & Acitel *Place of Business,* 210 E. Baltimore *Address* 44 S. Broadway

H. A. Schwartz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 77918 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT, SEP 2 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 1 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Valentine Plumpel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 59 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Wood Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and Number.} 784 Caroline St. No.

Cause of Death, First (Primary), Bronchites & Emphysema

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 4th

Undertaker George Schilling

Place of Business, Ashland Depot *Address,* 75 1/2 Hanover Ave.

J. H. Robertson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7919 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~August~~ Aug 31st 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry E. Allison

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 2 *Months,* *Days,*

Color, Wh

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City Life time

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 19 N. Eutaw near Lanvale

Cause of Death, { First (Primary), Convulsions

Second (Immediate), Marasmus

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Dec'd & Fam'y Lot W Ca

Date of Burial, Sep 2 d 1884

Undertaker John Heneria

Place of Business, 382 Orleans St

E B Hutton *M. D.*
Medical Attendant.

Address, 57 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[over.]

Health Department, City of Baltimore.

Permit No. 17920 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1884 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Sept 1. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm M. Tennyson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, / *Years,* — *Months,* 13 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 168 N Charles

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Meningitis Cerebral,

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Sept. 3rd

Undertaker, F. N. Tooll

Place of Business, #131 Hanover

Edward Otis M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77922 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1894 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Seibel

Sex, ~~Male.~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 1½ *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 1½ mos

Place of Death, {Give street and Number.} 638 Light St.

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, — 1 week —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 3 tch September

Undertaker, Mr. G. Leimbach

Place of Business, 389 W. Pratt st.

Geo. Strauss M. D.,
Medical Attendant.

Address, 268 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 77923 *Office of Registrar of Vital Statistics.* Ward 6 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 1. 1884

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cath. Kerneger

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* 11 *Months,* 16 *Days.*

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 yrs

Place of Death. {Give street and Number.} # 90 Orleans St.

Cause of Death. First (Primary),

Second (Immediate). Chronic Gastritis with Nervous Prostration

Duration of Last Sickness. 3 weeks

All the above information should be furnished by the Physician.

Place of Burial. Baltimore Cemetery

Date of Burial. Sept 3 d 1884

Undertaker Fred Gaede

Place of Business, 29 S. Caroline *Address,* 306 N. Hayetta St.

C. W. Nefft M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7792 4 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 31st 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mitcy Ball (Mothers Name)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months. 8 Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dalto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 2 Lefferman Ct

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, E Public Cemetery

Date of Burial, Sept 1st 84

Undertaker, Geo Rinehardt

Place of Business, City Hall

Jas T Steuart M. D.

~~Medical Attendant.~~

Address, Camp St & Penna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[Over.]

Jas V. Fitzpatrick
Sanitary Inspector

Board of Health, City of Baltimore.

Permit No. 77925 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *duly and correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

SEP 2 1884

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miles M. Collom

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Shoe Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 57 Years

Place of Death, {Give street and Number.} 23 Willow St.

Cause of Death, First (Primary),

Second (Immediate), Age & Infirmity

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 3d

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Jas. Brooke Bayle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77926 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, September 1 at 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur W. Erickson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 2 *Months,* ..... 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 2 Watson St.

Cause of Death, First (Primary), Entero Colitis

Second (Immediate), Asthenia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 3rd 1884

Undertaker, Jas A Byrne

Place of Business, 63 N Fremont

T. S. Gilmore M. D.
Medical Attendant.

Address, 1 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77927 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Biedrunski

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give Street and Number.} 97 Lancaster St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, A. M. Thomas

Date of Burial, Sept 13

Undertaker Louck & Broskowske

Place of Business,

[illegible] M. D.
Medical Attendant.

Address, Coroner & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[illegible] [illegible] [illegible]

[illegible]

Board of Health, City of Baltimore,

Permit No. 77928 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 2 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 31, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Alex Ehert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 14 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 167 S. Wolfe St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Cholera Infantum (Peritonitis).

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 2 1884

Undertaker, William A. Dengler

Place of Business, 62 East Lee

N. V. Gosweiler M. D. ~~M. D.~~, Medical Attendant.

Address, 965 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77929 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 2 1884

CERTIFICATE OF DEATH.

Date of Death, Aug. 31. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Hutchins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Queen Anne's Co. Md.

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give Street and Number.} 19 N. Castle St.

Cause of Death, First (Primary), Abortion

Second (Immediate), Typhoid Fever

Duration of Last Sickness, Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 2 1884

Undertaker, Edward Unger

Place of Business, 62 East St

G. G. Lusk M. D.
Medical Attendant.

Address, 392 E. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77930 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPT. SEP 8 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* ——— *Months,* ——— *Days,* 1

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 6 Williamson St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup — 2 days

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Septemb. 2

Undertaker, B. Hall

Place of Business, 82 W. Fayette St *Address,* 34 W. Lombard St

B. F. Phillips *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77931 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 3 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Inf *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 6 Williamson St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, September 3

Undertaker, B. Hall

Place of Business, 82 West Pr

B. E. Phillips M. D.,
Medical Attendant.

Address 311 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to those on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77934 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, September 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Eichenberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 21 days

Place of Death, {Give Street and Number.} 97 E. Fayette st

Cause of Death, First (Primary), Entero Colitis

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician,

Place of Burial, St Mathews Cem

Date of Burial, Septr 3rd 84

Undertaker, H. Sander & Son

Place of Business, 262 Eastern Ave

J. E. Girouard M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77933 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other porson superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 3 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Jacobs

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 26 South Mount St

Cause of Death, First (Primary), Pneumonary Consumption

Socond (Immediate),

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Leaden Park

Date of Burial, Sept 3th 1884

Undertaker, Kohler Sons

Place of Business, Shaft & Crop

J. H. Gurney M. D.
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully

Health Department, City of Baltimore.

Permit No. 77934 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP. 3 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 2 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Waltman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Waltman

Age, *Years,* *Months* one *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 10 & Cider alley

Duration of Residence in the City of Baltimore, one day

Place of Death, {Give Street and Number.} 10 & Cider alley

Cause of Death, First (Primary), atelectasis Pulmonum

Second (Immediate), Infantile convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Sharp st bene

Date of Burial, Sept 3 1884

Undertaker, LL Ross

Place of Business, 95 Conway st

J R Trimble M. D.
Medical Attendant.

Address, Univ Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

16

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 77935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 3 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John T Kingsmore

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *2 Months,* 22 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 2 mo 22 days

Place of Death, {Give street and number.} No 49 South Paca St

Cause of Death, First (Primary,) Insanition

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 3rd 1884

Undertaker, David Flynn

Place of Business, 109 West St

I Edward Kirby M. D.
Medical Attendant.

Address 82 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 77936 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Tuesday night Sept 2d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oliver Carroll Mathews

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ ~~Months,~~ 3 Lunar ~~Days,~~

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation Son

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 98 Chesapeake St

Cause of Death, First (Primary), Premature birth

Second (Immediate), Inanation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 3 1884

Undertaker Jerh Corcoran

Place of Business, Pappleton St

J E Packard M. D.
Medical Attendant.

Address, 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore.

Permit No. 7793 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie E Hannan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* — *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death. { Give street and Number. } 1980 Aisquith St

Cause of Death, First (Primary), Septicemia

Second (Immediate),

Duration of Last Sickness, About five weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 3 1884

Undertaker C F Krauss Son

Place of Business, 209 Hanover *Address,* 2 N Broadway

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore.

Permit No. 77938 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwig L Bock

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 5 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt: City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1st 170 E. Fayette st

Cause of Death, First (Primary), Teething

Second (Immediate), Convulsions

Duration of Last Sickness, several hours

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Sept 4th 84

Undertaker H. Hofmann

Place of Business, 63 N. Eden St

L Ohlmacher M. D.
Medical Attendant.

Address, 12 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 77939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William T. Smythe

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 98 Centre St

Cause of Death First, (Primary,) Myelitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, September 3d 1884

Wm N. Hill M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw St *Address,* 196 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77940 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1884 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, September 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Hoehn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Eight (8) Months, Fifteen (15) Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No 376 Orleans Street

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Marasmus

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Sept 5th 1884

Undertaker, John Herring

Place of Business, 382 Orleans *Address,* No 102 N Bunder

Wm H Chudwick M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to this ...

Board of Health, City of Baltimore.

Permit No. 7794 / *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 3rd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William L. Woody

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 8 11 *Years,* —— *Months,* —— *Days,*

Color, white

Married, ~~Single~~, ~~Widow or~~ ~~Widower~~, { Cross out the word not required in this line. }

Occupation Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give street and Number. } Church Home & Infirmary N Broadway

Cause of Death, First (Primary), Cerebritis

Second (Immediate), Marasmus

Duration of Last Sickness, 7 wks

All the above information should be furnished by the Physician.

Place of Burial, Pleasure Va

Date of Burial, Sept 4th 1884

Undertaker M. A. Saiger

Place of Business, 74 N Broadway

G. L. Gaines M. D.
Medical Attendant.

Address, Church Home & Infirmary N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3385 Transit

Board of Health, City of Baltimore.

Permit No. 77942 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7, 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon Anthony

Sex, ~~Male~~ *or* ~~Female~~, {Cross out the word not required in this line.} Male

Age, 35 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.} .....

Occupation Drayman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland - Caudridge. Ten years —

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 62 Orchard St

Cause of Death, First (Primary), Valvular Cardites mitral insufficiency

Second (Immediate), Ascites,

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Sept 3rd 1884

Undertaker Wm J Gray

Place of Business, 66 Hanover

D. F. Wantuck M. D.
Medical Attendant.

for Mun's Medical college Dispensary

Address, 120 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

Permit No. 77943 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann W Lamb

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 72 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 370 Mosher St

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Accidentally burned

Duration of Last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cem

Date of Burial, Sept 4th 1884

Undertaker, D Emmert Mitchell

Place of Business, 550 W Fayette St

Wm E Warren M. D.,
Medical Attendant.

Address, Lafayette ave & Mosher

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7794 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Thompson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 591 N. Gay St

Cause of Death,
First (Primary), Pyelitis
Second (Immediate), Hemmorhage

Duration of Last Sickness, 10 or 15 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 4th

Undertaker Denny Mitchell

Place of Business, 538 W. Fayette st

Jno. Lucas, M. D.
Medical Attendant.

Address, 240 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 77945

Office of Registrar of Vital Statistics. 15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, September 21 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Anna Easter Dunn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *~~Days.~~*

Color, Colard

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, organiss

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Trenton N. J.

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number.} No 228 Hamburg st

Cause of Death, First, (Primary.) Dropsy of the Abdomen as

Second, (Immediate.) A Cause

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Sept 3 1884

Undertaker, H Pass

Place of Business, 15 Conway

P W Smith *M.D.,*

Medical Attendant.

Address, No 36 Davis st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77946 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24 September 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Joane

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Years, 4 Months, Days

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give Street and Number.} 164. S. Howard St.

Cause of Death, First (Primary), Tubercular

Second (Immediate), Laryngitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 31 1884

Undertaker, H Rose

Place of Business, 9 Lanvale St

L. D. Gross M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77947 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 3/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Morris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give Street and Number.} 223 S. Bethel St.

Cause of Death, First (Primary), Fracture of Skull by falling

Second (Immediate),

Duration of Last Sickness, 7 hrs

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, September 4/84

Undertaker, Leonard Price

Place of Business, 227 E. Baltimore St. *Address,* 520 Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 17948 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Reddick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 542 S Charles st

Cause of Death, First (Primary),

Second (Immediate), Membranous Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 3 1884

Undertaker, Armistead & Denny

Place of Business, 263 Light

Thos. Gosta M. D.
Medical Attendant.

Address, 469 Cathedral st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 77949 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sep 2. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 2 *Years,* *Months.* *Days*

Color, Negro

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Little Monument St near 8th

Cause of Death, First (Primary), Aneurism of abdominal aorta

Second (Immediate), Diarrhoea

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Mount Cemetery

Date of Burial, Sept 4 1884

Undertaker, C Wilhare

Place of Business, 178 Thurmont St

H. M. Wilson M. D.
Medical Attendant.

Address, Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77950 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} B. Actress Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 2 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9 Vine st

Cause of death, First, (Primary,) Dentition

Second, (Immediate,) Enteritis (Gastro)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 4 1884

Undertaker, S H Chew

Place of Business 93 Hanover st

W. W. Moffitt M. D.,
Medical Attendant.

Address, 185 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 77951 *Office of Registrar of Vital Statistics.* Ward 8 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo H W Cheney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single Widow Widower

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 56 E Lexington

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet Cemetery

Date of Burial. Sept 4th

Undertaker, H C Winkfield

Place of Business, 20 Government Pl

Jno G Blacker M. D.,
Medical Attendant.

Address, 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 7995 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Cadel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~*Years,*~~ 17 *Months.* *Days*

Color, White

~~*Married, Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 24 Ryan st

Cause of Death; First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, Two (2) Months

All the above information should be furnished by the Physician.

Place of Burial, St Marys Govanstown

Date of Burial, Sept 4th 84

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St *Address,* 34 N. Exeter St

H. L. Lent M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7995 3 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 3 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clinton F. Sachse

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 499 Penn ave

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), General Dropsy

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Sept 5

Undertaker, Walter Emmel

Place of Business, 316 N. Biddle

C. Fawcett M. D.
Medical Attendant.

Address, 92 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77954 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 3d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Butler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 6 *Days*

Color, ~ W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 45 Randall st

Cause of Death, First (Primary), Premature Birth

Second (Immediate),

Duration of Last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Sept 4th 1884

Undertaker, Barnard Hart } Thomas H Steuart M. D.

Place of Business, West St. *Address,* ~~Medical Attendant.~~ Camp Mount P.O.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Edward M Baker Sanitary Insp

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77955 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 4 1884
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, September 3rd 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Engelbrecht

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 38 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Brewer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, { Give Street and Number. } 252 Pratt St

Cause of Death, First (Primary), Acute Pulmonary Congestion

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Sept 5

Undertaker, Wemlell Dilg & C

Place of Business, Address, C. & Eager & Caroline

J. W. Fisher M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7956 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sep 3 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Lizzie Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, wht

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give Street and Number.} 267 W Hoffman

Cause of Death, First (Primary), Chronic alcoholism of liver

Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Bundels Town Balto Co

Date of Burial, Sept 5th 1884

Undertaker, John J Andrews

Place of Business, No 476 Druid Hill Ave

G Lane Tanyhill M. D.
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 77957 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 4 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 3 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wagner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 232 Scott St

Cause of Death. First (Primary), Hypertrophy of heart

Second (Immediate), asphyxia

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Sept 5th 1884

Undertaker John S Mackey

Place of Business, No 150 Camden

Geo R Graham M. D.
Medical Attendant.

Address, 136 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 77958 *Office of Registrar of Vital Statistics,* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friedericka J. Riehle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, / *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Four months

Place of Death, {Give Street and Number.} # 88 Fawn St. Locust Point

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, F. German Cemtery.

Date of Burial, Sept. 4th 1884

Undertaker, H. or C. Nicolaus — *John H. Sellers* M. D. Medical Attendant.

Place of Business, 258 Alice Ann. — *Address,* 2103 Hill Street

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Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore. 2

Permit No. 77959 *Office of Registrar of Vital Statistics.* 1884 Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Retting

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 23 *Years,* ... *Months,* ... *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 304 Alice Anna St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Sept 4th 84

Undertaker, G. Orrance

Place of Business, Jones & Wolfe *Address,* 243 Aliceanna

John H. Rehburger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible]

Board of Health, City of Baltimore,

Permit No. 7760 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Mitchell

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and Number.} 189 Montgomery St

Cause of Death, First, (Primary,) Cerebral congestion

Second, (Immediate,) Cerebral Hemorhage

Duration of Last Sickness, 8 Days,

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 4th 1884

Undertaker, Armstrong & Ord

Place of Business, 263 Light

Aug W. Wedge M. D.,
Medical Attendant.

Address, 110 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 77961 *Office of Registrar of Vital Statistics.* Ward 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 3 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lula Hill

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... 7 *Months* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 3 Broadway alley between Broadway & Bethel, & Eden Lane & Jefferson sts

Cause of Death, First (Primary), Elec Colitis

Second (Immediate),

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, E. Pauble Cemetery

Date of Burial, Sept 4th 1884

Undertaker, Geo. Rinehart

Place of Business, Forest Place, *Address,* 1 W Fayette & Gilmor Sts

Chas Cullen M. D.
Medical Attendant.
Corner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to this ...

Board of Health, City of Baltimore,

Permit No. 71962 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25 1894

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas. T. Armacost

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 47 *Years,* 2 *Months,* *Days,*

Color, Wh

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation Liquor Dealer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. County Md.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and Number. } 56 Chas St

Cause of Death, { First (Primary), Valvular Disease of Heart

Second (Immediate) Dropsy

Duration of Last Sickness, Two or four months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Friday Sept. 28.

Undertaker Geo Schilling

Place of Business, Ashland & Aguake

E. B. Cruse M. D.
Medical Attendant.

Address, 54 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 77963

Office of Registrar of Vital Statistics. 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

SEP 4 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Theresa Gee

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ 3 *Months,* 3 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} ~~Baltimore~~ Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 30 N Richmond St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, four days

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Sept 5th 1884

Undertaker, Chas J Scriven

Place of Business, 271 N Eutaw St

N. W. Kinsey M.D.,
Medical Attendant.

Address, 143 N Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77964

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie R. Duff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, = 20 = *Years,* = *Months.* = *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 86 Exeter St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Marasmus

Duration of Last Sickness, One (1) year

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae cemetery

Date of Burial, Sept 5 1884

Undertaker, James, P. Byrne

Place of Business, No 63 N. Front St

Address, [illegible]

D. E. Stone M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the [illegible]

Health Department, City of Baltimore.

Permit No. 17765 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wensday Sept 3rd 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albion H. Wheeler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months.* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 115 E. Monument St.

Cause of Death, First (Primary), Insanition.

Second (Immediate), ...

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Johns, Waverly

Date of Burial, Sept 5th

Undertaker, H. C. Middlefield

Place of Business, 90 Greenmount Ave

Wilmer Smith M. D.
Medical Attendant.

Address, 25 1/2 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7966 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1884 STATE OF MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Michael

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* 4 *Months.* *Days*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 80 Years

Place of Death, {Give Street and Number.} Saratoga No 209

Cause of Death, First (Primary), Coma

Second (Immediate), Bright's Disease

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Sept 5 1884

Undertaker, A Rosenberger

Place of Business, 70 Hanover St *Address,*

J T Spicknall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 77767 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 1 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Odilla Mary Hopkins

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Years, 1 Months, Days

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 235 S Eutaw Street

Cause of Death, First (Primary),

Second (Immediate), Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 3rd 1884

Undertaker, G Francis

Place of Business,

James A Steuart M. D.

~~Medical Attendant.~~

Address, Confederate R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Inspector

[over]

The Special Attention of Physicians is Respectfully Invited to the

Health Department, City of Baltimore.

Permit No. 77968 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John & Mary Flynn (Parents)

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 2 Mths 6 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 29 Hanover Place

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 5 1884

Undertaker, James D Byrne

Place of Business, No 63 N Green St

Edward Rhodes M. D.
Medical Attendant.

Address, 64 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 77969 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Hughes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33. *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore Life.

Place of Death, {Give street and Number.} 61 W Dallis St

Cause of Death, First (Primary), Ulceration of throat and dysphagia

Second (Immediate), Inanition &c.

Duration of Last Sickness, three or four weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 5th 1884

Undertaker James L. Byrne

Place of Business, No 63 N Front St

D W Cathell M. D.
Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the

Health Department, City of Baltimore.

Permit No. 7797 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 4 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} F. Mason McElwain Gowan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Telegraph Operator - Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 233 Saratoga th

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sept 6th 1884

Undertaker, H W Jenkins Sons

Place of Business, Park & Saratoga Sts *Address,* 189 W Fayette St

Lich'd McSherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back Hereof.

Health Department, City of Baltimore.

Permit No. 77971 *Office of Registrar of Vital Statistics.* Ward 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 4 /84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno E Adams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 28 Washington, R

Cause of Death, First (Primary),

Second (Immediate), Spasmus Glottidium

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sept 5/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Jno W Thos M. D.
Medical Attendant.

Address, 108 Greene

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7797

Office of Registrar of Vital Statistics.

6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 4 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Sholes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 63 Castle St

Cause of Death, First, (Primary.) Supposed to be Poisoning

Second, (Immediate.)

Duration of Last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Sept 6th 84

Undertaker, G. Frank

Place of Business, Frank & Wolfe

Ethelbert Butler M.D.,

~~Medical Attendant.~~ Coroner

Address, 107 Aisquith St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore.

Permit No. 77973 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 5 1884 REGISTRAR BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Thursday Sept 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Flack

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 16 *Years,* 3 *Months,* 28 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} State of Ohio

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and Number.} 5 Bennie St

Cause of Death, First (Primary), Malania

Second (Immediate), Epistaxis Exostesion

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Sept. 5th 84

E. Pritchard *M. D.*
Medical Attendant.

Undertaker G. Frances

Place of Business, Bank & Wolfe Sts *Address,* 28 O' Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7797 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 5 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A Sitler
Sitler

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 203 ½ Madison St

Cause of Death, First (Primary), Chronic tuberculous Consumption

Second (Immediate), Heart failure

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Sept 6 of 84

Undertaker, Stewart & Warren

Place of Business, 30 Pratt *Address,*

Chas A Doremus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77975 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Batzer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* 2 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 225 S. Eager St

Cause of Death, First (Primary) Intestinal Catarrh

Second (Immediate), Asthenia

Duration of Last Sickness, Once during

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 6. 1884

Undertaker, Henry Hoerth

Place of Business, 309 Central ave

S. W. Slocum M. D.
Medical Attendant.

Address, 225 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to [illegible], and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77976 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept. 3. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Jerusha Mills

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* ..... *Months,* ..... *Days*

Color, wht

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 167 W. Hoffman near Park ave

Cause of Death, First (Primary), Brights Dis of Kidneys

Second (Immediate), ...

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sept 5th 1884 G Lane Tanneyhill M. D.

Undertaker Denny & Mitchell — Medical Attendant.

Place of Business, 530 W Fayette St *Address,* 219 madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Health Department, City of Baltimore.

Permit No. 77977 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

SEP 5 1884

Date of Death, September 4, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah H Sherwood

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months.* *Days*

Color,

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 76 E Aisquith St

Cause of Death, First (Primary), Umbelical Hernia Strangulated

Second (Immediate),

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sep 6th 1884

Undertaker, Wm H Hickman

Place of Business, 234 N Gay St *Address,* 316 E Monument

[illegible] White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back [illegible]

Health Department, City of Baltimore.

Permit No. 77778 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Nelson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* 9 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 37 Aisquith St

Cause of Death, First (Primary), [blank]

Second (Immediate), Consumption

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 6th

Undertaker, Geo Schilling

Place of Business, [blank]

[signature] *M. D.*
Medical Attendant.

Address, 137 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited.

Health Department, City of Baltimore.

Permit No. 7797 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Curran

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 48 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 44 Cockeville st.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Sept. 6. 1884

Undertaker, M. A. Day

Place of Business, 74 S Bway

P. L. Daniel M. D.
Medical Attendant.

Address, 1325 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77980

Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 5 1884

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Murray,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 Years, 5 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 148 Mont. St.

Cause of Death, First (Primary), Enteritis.

Second (Immediate),

Duration of Last Sickness, two months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 5 1884

Undertaker, A. F. Krause & Son

Place of Business, 209 Hanover

R. J. N. Tall, M. D.
Medical Attendant.

Address, 152 Hart. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 77981 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR OF BIRTHS SEP 5 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 3rd September 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Donnelly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 10 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 420 S Charles

Cause of Death, First (Primary), Meningitis

Second (Immediate). .....

Duration of Last Sickness, 5a day

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cr

Date of Burial, Sept 5 1884

H Winslow M. D.
Medical Attendant.

Undertaker C F Kramer & Son

Place of Business, 269 Hanover *Address,* 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ·kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side,

Health Department, City of Baltimore.

Permit No. 77987 *Office of Registrar of Vital Statistics.* Ward 13 c/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Lorenz Nurse

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 40 Penn St

Cause of Death, First (Primary), Inflammation of the Brain

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 6th 1884

Undertaker, George Lumbach

Place of Business, 389 West Pratt St *Address,* 76 S Frederick

I H Gurney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77983 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 3/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Jo~~ Mich. Barber

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 16 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 200 S. Ann St

Cause of Death, First (Primary), Whooping Cough

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, September 5th 84

Undertaker, H. Sanders & Son

Place of Business, 252 Canton Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 77984

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 5, 1884,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. L. Brown Jr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Ten *Months,* ——— *Days.*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number.} 410 E. Monument St,

Cause of Death, First, (Primary.) Gastro-Enteritis,

Second, (Immediate.) Exhaustion,

Duration of Last Sickness, Four Weeks,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 7th 1884

Undertaker, Henry Whitehill

Place of Business, 65 S. Broadway

F. W. Thompkins M.D.,
Medical Attendant.

Address, 133 N. Eutaw St,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible] Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77985 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Carel -

Sex; ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 19 - *Years,* - *Months.* - *Days*

Color, African

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laundress -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 73 Baltimore Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} No 4 Jordan alley

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate), Exhaustion.

Duration of Last Sickness, ~ Has been failing about 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, Carrel Cemetery

Date of Burial, Sept 5 1884

Undertaker, H Pass

Place of Business, 95 Conway St

48 S. S. Rosebery M. D.
Medical Attendant.

Cor. Linden Ave. & Hoffman St
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 77986 *Office of Registrar of Vital Statistics.* Ward 8 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, September 4th 1894

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Pearl Linnekin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* Seven *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 9 Pinkney Place

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 5,

Undertaker W. H. McKenan

Place of Business, 264 N. Gay St.

DeLancey H. Barclay M. D.
Medical Attendant.

Address, 47 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 77987

Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4 Sept, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Maria Raymond

Sex, Male or Female, {Cross out the word not required in this line.} Female Raymond

Age, 62 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Two weeks

Cause of Death, First (Primary), 154 N. Stricker

Second (Immediate), Apoplexy

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Columbia Pa

Date of Burial, Sept 6th 1884

Undertaker Denny & Mitchell

Place of Business, 55 & W Fayette

John Hunt, M. D.
Medical Attendant.

Address, 574 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 77988

Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sep. 4, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Russie Jackson

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baco

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 16. Front Broadway

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Asphyxia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Shamp St Cemetery

Date of Burial, Sept 5 1884

Undertaker, Abt Hunt

Place of Business,

N. M. Wilson M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to that of Dis...

Board of Health, City of Baltimore,

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 4 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Henry Kupfert Rupprecht

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 7 *Years,* 0 *Months,* 1 *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Co

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 700 Penn Ave

Cause of Death, { First (Primary,) Scarlatina
Second (Immediate,) Dropsy

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch Charles G. Hill M. D.
Medical Attendant.

Date of Burial, Sept 6th 1884

Undertaker, Henry Hoeck

Place of Business, 309 N Eutaw St *Address* Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention [illegible]

Board of Health, City of Baltimore.

Permit No. 77990 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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CERTIFICATE OF DEATH.

UNITED STATES
SEP 6 1884
BALTIMORE

Date of Death, September 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Holmes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Abt 30 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Housekeeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lived there all her life

Place of Death, {Give street and Number.} 15 Carlton Street

Cause of Death,
First (Primary), Chronic Nephritis
Second (Immediate), Failure Heart in coma

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 6 1884

Undertaker William Norris

Place of Business, 61 East St

A K Bond M. D.
Medical Attendant.

Address, 316 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 7991 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Frances

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 5 *Months,* *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 5 Dorson alley

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Ship St Cemetery

Date of Burial, Sept 6 1884

Undertaker, H Doss

Place of Business, 95 Conway *Address,* 158 Pacas

Mark Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...respectfully invited to the Remarks Below, ...

Board of Health, City of Baltimore,

Permit No. 7792 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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CERTIFICATE OF DEATH.

Date of Death, Sept 6 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward James

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Drayman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} America

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary). External Injuries

Second (Immediate). External Hemorrhage

Duration of Last Sickness, 1/2 hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 6 1884

Undertaker H Ross

Place of Business, 956 Conway

P. R. Watkins M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...cited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7795 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, SEP 6 1884 BALTIMORE MD.

Date of Death, Sept 5, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizebeth L. Dwyer

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 77 *Years.* 2 *Months,* 17 *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 54 Parrish St

Cause of Death, First (Primary), Old age

Second (Immediate), Nervous prostration caused by a fall about 2 months ago

Duration of Last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sep. 7' 1884

Undertaker, J. B. Cook

Place of Business, 207 W Balto St

J. M. L. Smithson M. D.
Medical Attendant.

Address, 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 17774 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 6 1884 BALTIMORE MD.

Date of Death, Sept. 5th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Sachse

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 485 E. Pratt

Cause of Death, First (Primary), Typhoid

Second (Immediate), Paralysis of heart

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 6th 1884

{*Undertaker* Peter Firey

{*Place of Business,* 91 Eden Alley

Thomsen, M. D.
Medical Attendant.

Address, 24 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ow, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 11995 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amalia Juliana Marowsky

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 62 Eastern Ave

Cause of Death, First (Primary), Pneumonia Acute

Second (Immediate), Asphyxia

Duration of Last Sickness, Eight (8) Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Septber 7th 1884

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

S. W. Glover M. D.
Medical Attendant.

Address 62 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7996 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 5, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Healey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 37 Frederick Ave

Cause of Death, First (Primary), Inflammation of Brain

Second (Immediate),

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 7 "

Undertaker, John T. Paules

Place of Business, 66 Frederick Ave *Address,* 319 Hollins

James Bailey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 7997 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 5th '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James R. Deval

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifty *Years,* *Months,* *Days*

Color, Black

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co,

Duration of Residence in the City of Baltimore, 22 Years,

Place of Death, {Give Street and Number.} No. 97 Chestnut-ally

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, September 6th

Undertaker, W. H. Bishop & Co

Place of Business, 97 Druid Hill

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...of back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77998 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Ross,

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days*

Color, White,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City, Md,

Duration of Residence in the City of Baltimore, 6 months,

Place of Death, {Give Street and Number.} 219. S. Wolf. St.

Cause of Death, First (Primary), Chill Infc—

Second (Immediate), Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Eastern Public Cem

Date of Burial, Sept 6/84

Undertaker, Geo Rinehart

Place of Business, City Hall

Wm F. Sowers M. D.
Medical Attendant.

Address, 154. E. Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No. 77999 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 6 1884

CERTIFICATE OF DEATH.

Date of Death., September 4 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant Murray.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color, Colored.

~~Married~~, Single, ~~Widow or~~ ~~Widower~~, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Fritz's Court. Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death. { Give street and Number. } Fritz's Court of Belair ave, City.

Cause of Death, First (Primary), Exposure & want of proper care.

Second (Immediate), Trismus Neonatorum.

Duration of Last Sickness, Two Days.

All the above information should be furnished by the Physician.

Place of Burial, Eastern Public Cem

Date of Burial, Sept 6/84

Undertaker Geo Rinehart

Place of Business, ...

D. F. Martenet M. D.
Medical Attendant.

Address, Belair avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That wherever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 78000 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 5 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary McLaughlin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 184 Dover

Cause of Death, First (Primary). Dropsy. with abdominal

Second (Immediate). Tumor

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Sept 7 1884

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address,* 283 N. Lombard

Edw F. McHolland M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Health Department, City of Baltimore.

Permit No. 7801 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 6 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris A Daugherty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 7 S. Arlington St.

Cause of Death, First (Primary), Post Spinal Sclerosis

Second (Immediate), Paralysis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Sept 6/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. Address, 158 Hanover

Jno D Blake M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18002 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry L. Ricklein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 9 *Months,* 17 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and Number.} 209 William st

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Prostration

Duration of Last Sickness, 2 Months

the above information should be furnished by the Physician.

Place of Burial, St Pauls C.

Date of Burial, Sept 6th

Undertaker

Place of Business,

C. L. Bucklenbolm M. D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause, and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Health Department, City of Baltimore.

Permit No. 8003 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Burnett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 7 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 35 Little George st

Cause of Death, First (Primary),

Second (Immediate), Bronchitis

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Shaw's Cemetery

Date of Burial, Sept. 6 '84

Undertaker, John Bishop

Place of Business,

James A. Steuart M. D.

~~Medical Attendant.~~

Address, Bangor St 182

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Emanuel Weinman

The Special Attention of Physicians is Respectfully Invited to the Regulations below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18004 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 6 1884

CERTIFICATE OF DEATH.

Date of Death, Sept. 4/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Bonie.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 7 *Days*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, 7 days in house.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept. 6/84

Undertaker, Dr. Blanyer

Place of Business, 298 Penna. Ave. *Address,* Harlem Ave. Calhoun

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Health Department, City of Baltimore.

Permit No. 78005 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L Lyons

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 114 Scott st

Cause of Death, First (Primary),

Second (Immediate), Asthma

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Sept 7th 1884

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,*

Thos A Cleary M. D.
Medical ~~Attendant~~.

Cor Mt & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78006 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 6 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A. Seiss.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* 7 *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Salesman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 113 Lexington St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Asthenia

Duration of Last Sickness, 11 days.

All the above info mation should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept. 8th 84

Undertaker Matthew Cadogan,

Place of Business, 227 Hanover St. *Address,* 134 N Carrollton Av

John D Remington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7800 ; *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 5 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 4. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Blake

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 48 *Years,* *Months,* *Days,*

Color, Colored

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.} Widow

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Centerville Md.

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and Number.} 164 Sarah Ann St.

Cause of Death, First (Primary), Pernicious Malaria

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 6th 1884

Undertaker Wm. H. Dimpie

Place of Business, No 62 East St

J. H. Buchanan M. D.
Medical Attendant.

Address, 347 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78078 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Aug~~ Sept. 3d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen J Saunders

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City. Md.

Duration of Residence in the City of Baltimore, 1 year & 1 month.

Place of Death, {Give Street and Number.} 10 Fawkes Court

Cause of Death, First (Primary), Dentition.

Second (Immediate), Exhaustion (Asthenia)

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sep 6th 1884

Undertaker, Wm. N. Dunger

Place of Business, 1062 East st

Thos H Sowers M. D.
Medical Attendant.

Address, 1514 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and ... Section of this Certificate

Board of Health, City of Baltimore.

Permit No. 18079 *Office of Registrar of Vital Statistics* 3rd 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mollie DeCausey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days,*

Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Chambermaid

Birthplace, {State or country, and how long in the United States, if of foreign birth.} E. Shore. Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and Number.} 1½ N Alley

Cause of Death, First (Primary), Peritonitis

Second (Immediate) 1 Week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Sept 6th 1884

Undertaker Wm H Langrall

Place of Business, 1062 East St

Geo. H. Judson M. D.
Medical Attendant.

Address, 164 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78010 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1884 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, August 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Nicols

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 6 *Months,* *Days,*

Color, colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} No 20 Horn st

Cause of Death, First (Primary), Syphilis (Tubercle ~~Brain~~ Hereditary

Second (Immediate), Convulsions Hydrocephaloid

Duration of Last Sickness, (one week) Had been delicate since birth

the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Sept 7th 1884

Undertaker W. W. Madden

Place of Business, ~~X~~ 46 East St

S. J. Simms. M. D.

Medical Attendant.

Address, 242 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice; to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78011 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 6 1884

CERTIFICATE OF DEATH.

Date of Death, 6th. September 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hoszy

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia, Austria

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and Number.} Barnesstreet 6

Cause of Death, First (Primary), Tuberculoses Pulmonum

Second (Immediate),

Duration of Last Sickness, 1½ years

the above information should be furnished by the Physician.

Place of Burial, Baltimore. Cimit.

Date of Burial, September 7.

Undertaker Frank. Cash.

Place of Business, 319. No. Durham St. *Address,* S. Wolfe & 117.

William Hendel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 78012 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1884 BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kauders Freuder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 8 years

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First, (Primary,) Diabetes Mellitus

Second, (Immediate,) Metastrosis

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Ahabath Sholom Cemetery

Date of Burial, Sept 7th 1884 W. Solomon M. D.,

Undertaker, Wm Elam Medical Attendant.

Place of Business, 101 Gough St S E Cor Eager & Caroline Address.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78073 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Todock

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 47 Duncan alley

Cause of Death, First (Primary), Dysentery

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cimitery

Date of Burial, September 8

Undertaker, Vincent Forst

Place of Business, corner Jefferson and Caroline

S. V. Hoffman *M. D.*
Medical Attendant.

Address, 346 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78014 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 5. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Premature Birth (2 hrs) child of Mary Jane Harrigan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years;* ~~—~~ *Months,* ~~—~~ 6 *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 40 Carlton St.

Cause of death, First, (Primary,) Premature Birth.

Second, (Immediate,) Inanition.

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Wash. Cemetery

Date of Burial, Sept. 7th 1884

Undertaker, Jas. W. Chase

Place of Business, 198 S. Howard St. *Address,* 215 N. Carrollton Ave.

Jno. J. King *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7815 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Louis.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* 8 *Months,* 5 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Dray man

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 10 Cedar Row (Bridge & Penn Sts)

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Mary's Chapel

Date of Burial, Sept 7th 84

Undertaker, Wm. M. Gaire

Place of Business, 178 S. Howard St.

A. N. Gosnell, M. D., Medical Attendant.

Address, 96 S. Ann St. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 7816

Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Sellman Rollins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ ~~Months.~~ 8 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore. Lifelime

Place of Death, {Give Street and Number.} 152 Park ave

Cause of Death, First (Primary), Teleux

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 or 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Marys Cemetery

Date of Burial, Sept 8th

Undertaker, Fd Morgan & Bye

Place of Business, No 9 Mulberry St

J. E. Clark M. D.
Medical Attendant.

Address, 36 W Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

March—3388

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18017 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1884 BALTIMORE

B

CERTIFICATE OF DEATH

Date of Death, Sept. 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Kauffman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 27 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 92 St Peter St.

Cause of Death, First (Primary),

Second (Immediate) Brain Fever

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 8th 1884

Undertaker Geo. Lumbach

Place of Business, 384 W. Baltimore St. *Address,* 298 W. Lombard St.

H. H. Hebner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18018 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 Sept 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard L. Waters

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation Sewing machine Agent

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and Number.} 637 N. Lombard st.

Cause of Death, First (Primary), Cancer of stomach & bowels (probably)

Second (Immediate),

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet Frederick Co Md

Date of Burial, Sept 8 84

Undertaker Ambury & Denny

Place of Business, 1263 Light

John Hood M. D.
Medical Attendant.

Address, 594 W. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Vaunt—3289

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Schedule Below, Also to Lists of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 7809 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse Elba King.

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 239 Clifton Place.

Cause of Death, First, (Primary,) Chol. Infantum

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 8th

Undertaker, George Schilling

Place of Business,

H. T. Reynolds M. D.,
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 18020 ; *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 7 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie C Johnson

~~*Sex, Male*~~ *or Female,* { Cross out the word not required in this line. } F

Age, 2 *Years,* 6 *Months,* 17 *Days,*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 2½ yrs

Place of Death, { Give street and Number. } 292 Raborg St

Cause of Death, First (Primary), Indigestion

Second (Immediate), Convulsions

Duration of Last Sickness, 6 hrs,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, ~~Aug~~ Sept. 7-/84

Undertaker W W Madden

Place of Business, 46 East Pratt St *Address,* 347 Lexington St

J H Bruchard *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78021 *Office of Registrar of Vital Statistics.* Ward 3 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept- 6 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Lang

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 2 hours ~~Days~~

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} /

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 18 N. Dallas St-

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cemetery

Date of Burial, ~~Sept~~ Sept 8/84

Undertaker, H. McGinnis

Place of Business, 8 N. Entaw ave

I Thos A Steen M. D.

~~Medical Attendant.~~

Address, Cor Hall & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Emanuel Weinman

Board of Health, City of Baltimore,

Permit No. 78022

Office of Registrar of Vital Statistics. 5-10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

a

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1884 BALTIMORE

Date of Death, Sept. 4 "84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edwd. F. McMahon

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 20 *Years,* 11 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Morroeco Dresser

Birthplace, { State or Country and how long in the United States. If of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number. } No. 63 Hillen St.

Cause of Death, First, (Primary.) Pulmonary Tuberculosis

Second, (Immediate.) " Hemorrhage

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 7 1884

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Alexander Hill, M.D.,
Medical Attendant.

Address, Coroner Central Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78023 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept- 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. H. Sachse

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months.* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Cty

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 490- Lem Lane

Cause of Death, First (Primary), Dysentery

Second (Immediate),

Duration of Last Sickness, 4- days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Sept. 7

Undertaker, Walter Emmel

Place of Business, 315 W. Biddle *Address,*

H D Howard *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18024 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 7 1884 BALTIMORE

Date of Death, Sept. 7th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Bond

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 9 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} No. 25 Clifford St

Cause of Death, First (Primary) Pseudo-membranous Angina croup

Second (Immediate),

Duration of Last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, Sep. 8/1884

Undertaker, J. B. Cook

Place of Business, 707 W Balto St *Address,*

Medical Attendant. *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78025 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Catherine Bond

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 9 *Months.* ——— *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 25 Clifford Pl

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} No. 25 Clifford Pl.

Cause of Death. First (Primary), Incanition

Second (Immediate),

Duration of Last Sickness, Since birth —

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Sep. 8th 1884

Wm. McAdoo M. D.
Medical Attendant.

Undertaker J. B. Cook

Place of Business, 707 W Balto St, *Address,* N. Columbia Ave Rear

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and [illegible] of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 1884

Permit No. 18026

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addison Brown Cypert

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, light brown

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, {Give street and number} 58 Preston st.

Cause of Death {First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Asthenia

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 7 Sept. 1884

Undertaker, H. H. Madden

Place of Business, 40 East St

John Dixon M. D.
Medical Attendant.

Address, 261 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7827 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 8 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Elizabeth Wells

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 9 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 2 Columbia Pl

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Sept 9th 1884

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 76 S Paca St

J H Cummings *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 7828 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 8 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, September 6th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Dougherty

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* — *Months.* — *Days* 1

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 18 mos.

Place of Death, {Give Street and Number.} 159 N Frony —

Cause of Death, First (Primary), Chronic Rheumatism

Second (Immediate), Asthenia

Duration of Last Sickness, about 5 mo.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Sep. 8 1884

Undertaker, J. B. Cook

Place of Business, 707 W Balto St *Address,* 409 Lexington

L. Steele M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7829 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 8 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Shanahan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 95 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 72 years

Place of Death, {Give street and number.} 82 S. Eutaw St

Cause of death, First, (Primary,)

Second, (Immediate,) Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Sept 8/1884

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 582 W. Fayette St

E. McKew M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 18030 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 6 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 3 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } /

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 8 Stockholm st

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Asthenia

Duration of Last Sickness, 2

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Sept 8 1884

Undertaker, H Ross

Place of Business, 95 Conway st

W S Dorsey M. D.
Medical Attendant.

Address, 210 Stockholm

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 7831 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Mary Knaddy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 2 Years

Place of Death, {Give street and number.} 724 Lexington St

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption of Lungs

Duration of Last Sickness, about 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem.

Date of Burial, Sep. 9/84

Undertaker, J. B. Cook

Place of Business, 707 E. Balto St. *Address,* 582 W. Hayette

Wm. R. McShane M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 8032 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after* the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. SEP 8 1884

CERTIFICATE OF DEATH.

Date of Death, [redacted] Sept 6/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard A. Simon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 4 *Months,* 20 *Days*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, {Give Street and Number.} 220 Chamont St.

Cause of Death,
First (Primary), Typhoid fever Pneumonia Caused by perforation
Second (Immediate), Peritonitis.

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Lot 6

Date of Burial, Sept 8 / 84

Undertaker, Moentzer

Place of Business, 70 Fremont Ave

Edward P. Mudrick M.D.
Medical Attendant.

Address, 67 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ... of this Certificate.

Board of Health, City of Baltimore.

Permit No. 78033 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 8 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 7. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward E. Schaub

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 17 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ...

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 72 S Castle St.

Cause of Death, First (Primary), Eczema

Second (Immediate), ...

Duration of Last Sickness, 2 wks.

the above information should be furnished by the Physician.

Place of Burial, Gardenville Balto Co Md.

Date of Burial, Sept 8 th

Undertaker F. N. Troll

Place of Business, 131 Hanover St. *Address,* 344 E. Balto St.

J. H. Mollenhen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18034 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 6. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta M Myers

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* *Months.* *Days*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 47 Years

Place of Death, {Give Street and Number.} N E Cor Lexington & Holliday Sts

Cause of Death, First (Primary), Cholera Morbus

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sept 8th 1884

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St

L G Lindenberger M. D

Medical Attendant

Address, Hayetts Station

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Especially Called to the Following Rules and Regulations.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT, SEP 8 1884 BALTIMORE

Permit No. 18035 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roderick Koenig Twenty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 88 Spring st

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and Number.} 88 Spring st

Cause of Death. First (Primary), Acute general Eczema

Second (Immediate),

Duration of Last Sickness, Last Known

the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sep. 8/84

Undertaker J. J. Rosing.

Place of Business, 125 N. Gay St.

M. B. Billingslea M. D.
for Dr. Fonby
Medical Attendant.

Address, N. E. Biddle & Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The

Health Department, City of Baltimore.

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Permit No. 7836 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT SEP 8 1884 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Catherine Dietrich

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since birth.

Place of Death, {Give Street and Number.} N.W. Cor. Pratt & Appleton Sts.

Cause of Death, First (Primary),

Second (Immediate), Acute Entero-Colitis,

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Luttern Cemetery Druid Hill Park

Date of Burial, September 8. 84

Undertaker, Philip T. Dill

Place of Business, 182 Columbia Ave

George A. Rohé, M. D.
Medical Attendant.

Address, Cor Greene & Mulberry Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18037 *Office of Registrar of Vital Statistics.* 8 Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 6 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Callihan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 76 H Amberg St

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Centre

Date of Burial, Septr 8

Undertaker, B. Hoole

Place of Business, 82 West Pratt St

Herman Bond M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18038 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. A. Powell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days*

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 18 Josephine St.

Cause of Death, First (Primary), Cerebro. spino-meningitis

Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 9th

Undertaker, Thomas Hanson

Place of Business, 12 Hamilton Av

Geo. A. Fleming M. D.
Medical Attendant.

Address, Franklin & Greene Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 78039 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 6th Sept. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named give names of parents. } Charles Eckhardt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 50 *Years,* *Months,* *Days,*

Color, W

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Tailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death. { Give street and Number. } 158 S Charles St

Cause of Death. First (Primary). Phthisis Pulmonalis

Second (Immediate).

Duration of Last Sickness, 1 Mth

All the above information to be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Sept 8

Undertaker M. Doyle

Place of Business, 208 S. Charles St *Address,* 57 Barre

H W Welsh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

HEALTH DEPARTMENT
SEP 8 1884
BALTIMORE

Permit No. 18070 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo Fitzpatrick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cor Richmond & Park.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number,} Cor Richmond & Park

Cause of Death, First (Primary), Enteric Colitis

Second (Immediate), Convulsions

Duration of Last Sickness, 3 or 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 8th 1884

Undertaker Chas F Scriven

Place of Business, 271 S Eutaw St

W. D. Booker M. D.
Medical Attendant.

Address, 157 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78041

HEALTH DEPARTMENT SEP 8 1884 BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7 Sept—1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } May Fulton Cockrill

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, ... *Years,* 4 *Months,* 8 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single, Widow or Widower,* { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 340 E. Balto St Balto. Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, { Give street and number. } 326 E. Balto St.

Cause of Death, { First (Primary,) Diarrhea. / Second (Immediate,) Entero. Colitis.

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 9th 1884

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

J. B. Cockrill M. D.
Medical Attendant.

Address 23 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(over)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 8 1884 BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 8th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margerate Liderer,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* 3 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 4 1/2 Years

Place of Death, {Give street and number.} 341 Durham St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Peritonitis

Duration of Last Sickness, About 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 9/84

Chas. B. Zugler M. D.
Medical Attendant.

Undertaker, Fry & Bro

Place of Business, 512 Broadway *Address* 242 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Health Department, City of Baltimore.

Permit No. 18043 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. SEP 8 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Long

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 10 *Months.* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 149 Williams St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Pt Lookout

Date of Burial, Sept 8

Undertaker, B. Gluck

Place of Business, 42 Hart

I. C. Burch M. D.
Medical Attendant.

Address, 15 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18044 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept. 7th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie C. Taylor

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 60 Durst alley

Cause of Death, First (Primary), Gastro Enteritis

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Sept 9

Undertaker, R. Hoble

Place of Business, 92 West St

Robert S. Lowe M. D.
Medical Attendant.

Address, 733 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ... this cert...

Health Department, City of Baltimore.

Permit No. 78045 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 8 1884
REGISTRAR
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Isaac Reese

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 10 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 22 Heath St

Cause of Death, First (Primary), Typho-Malarial Fever

Second (Immediate),

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, September 9

Undertaker, B. Ward

Place of Business, 62 West St Address, 110 Fortar

O. A. Leake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

HEALTH DEPARTMENT RECEIVED SEP 8 1884 BALTIMORE, MD.

Permit No. 78046 *Office of Registrar of Vital Statistics* 8 Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Coffin

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } —

Age, *Years,* 1 *Months,* 8 *Days,*

Color, White

~~Married~~, Single, ~~Widow or~~ ~~Widower~~, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 109 Montgomery

Cause of Death. First (Primary). Dumbness

Second (Immediate). Marasmus

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Kent Co

Date of Burial, Sept 8 1884

Undertaker Armstrong Bros

Place of Business, 263 Light St

H. B. Noble M. D.
Medical Attendant.

Address, 30 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

8570

Health Department, City of Baltimore.

Permit No. 18047 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Green

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 210 S. Dallas st

Cause of Death, First (Primary),

Second (Immediate), Scrofula

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Sept 8/84

Undertaker, F. J. Locke

Place of Business,

I Thus A Stein M. D.

~~Medical Attendant~~

Address, Cumb Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Emanuel Weinman

Health Department, City of Baltimore.

Permit No. 18048 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Sept 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah Jenkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 32 S Bethel street

Cause of Death, First (Primary),

Second (Immediate), Stomatitis

Duration of Last Sickness, 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Sept 8th

Undertaker W N Duncan

Place of Business,

Wm A Steen M. D.

~~Medical Attendant.~~

Address, Court House N E

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Sanitary inspector

Health Department, City of Baltimore.

Permit No. 8049 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Hasselbeck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* 7 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 30 S Chester St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem.

Date of Burial, Sept 8th 84

Undertaker, G. O. France

Place of Business, 9 Fork & Wolfe

J. H. Todd M. D., Medical Attendant.

Address, 214 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 7850 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Reddik

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* — *Days*

Color, Col

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation,~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 23 Vine St

Cause of Death, First (Primary), Dentition

Second (Immediate), "

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sep 8th 1884

Undertaker, S W Chase

Place of Business,

Thos A Stems M. D.

~~Medical Attendant.~~

Address, Camp & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Walter L Roberts S. Inspector [over.]

Health Department, City of Baltimore.

Permit No. 1857 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Glasby

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* *10 Months.* 3 *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 23 Cannon St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Phthisis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mound Cem

Date of Burial, Sept 9th

Undertaker, M. Hippel

Place of Business,

J. H. Griffin M. D.
Medical Attendant.

Address, 137 Pal

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18052 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin F Boswell Boswell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bruce George Co, Md,

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} #7 Monument Court

Cause of Death, First (Primary), Hepatitis

Second (Immediate), Hepatic Abscess & Septicemia

Duration of Last Sickness, 5 or 9 Months.

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem.

Date of Burial, Sept 8. 1884 Jno H Norris M. D.

Medical Attendant.

Undertaker, H. Sanders & Son

Place of Business, 252 Canton Address, 154 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases of

Board of Health, City of Baltimore,

Permit No. 18053 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 8 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 7/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Braxton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Three *Months,* ..... *Days.*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 444 Parrott alley

Cause of Death,
First (Primary), Scrofula
Second (Immediate), Congestion of Brain

Duration of Last Sickness, – One week –

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 9th 1884

Undertaker Wm J Gray

Place of Business, 63 Mulberry

A. E. Pole M. D.
Medical Attendant.

Address, 140 North Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78.054 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Evans Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years~~, ~~Months~~, 23 Days

Color, White

~~Married, Single, Widow, or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 24 N. Washington st

Cause of Death, First (Primary),

Second (Immediate), Ptyalitone

Duration of Last Sickness, 20 days

All the above Information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, Sep 8 1884

Undertaker, Fry & Son

Place of Business, 5 N Broadway

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Town 3391

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 78055 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 8 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 7th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Lane

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, — *Years,* — *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, all of life

Place of Death, { Give street and Number. } 92 S. Amer St

Cause of Death, First (Primary). Inanition

Second (Immediate). Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery Phil Road

Date of Burial, September 8

E. P. Sons M. D.
Medical Attendant.

Undertaker Jacob Kerns

Place of Business, [illegible] *Address,* 375 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 48056. *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 8 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Theresa L Fleming

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give Street and Number.} N 38 Aaron St

Cause of Death, First (Primary), old age.

Second (Immediate), —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, September 9th 84

Undertaker, Wm J. Tickner

Place of Business, 65 S Eutaw Address, 169 N Charles St

Henry Stokes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore,

Permit No. 1805 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 8 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 8th. September 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Lanfair.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Haven Connecticut

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give street and Number.} Bankstreet 252.

Cause of Death, First (Primary), Degeneration renum Diabetes

Second (Immediate), Hydrops Ascites

Duration of Last Sickness, 9 months

the above Information should be furnished by the Physician.

Place of Burial, New Haven Conn

Date of Burial, Sept 10th 1884

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18058 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 8 1884
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Swett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months.* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Dairy Lunch

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 650 S Charles St

Cause of Death, First (Primary), Premature Birth

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept 8/84

Undertaker, J. B Cook

Place of Business,

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 78059 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Rachael R. Grier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cecil Co Md

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give street and Number.} 58 Hill St

Cause of Death, First (Primary), Chronic Gastric & Intestinal Catarrh

Second (Immediate),

Duration of Last Sickness, 5 months

All the above into matron should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 10th 1884 Edwd F. Leitholdt M. D.

Medical Attendant.

Undertaker Stewart Myers

Place of Business, 35 Park ave *Address,* 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 18060 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 8 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Timothy Donahue

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* —— *Months.* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give Street and Number.} 157 Green Hit Ave

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Govanstown

Date of Burial, Sept. 9th/84

Undertaker, Matthew Cadogan.

Place of Business, 227 Mulberry St

Wilmer Brinton M. D.
Medical Attendant.

Address, Forest P.O. & Chun St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7861 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 8 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 7, 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maurice Edwards

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 2 *Years,* ..... *Months.* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel co. Md.

Duration of Residence in the City of Baltimore, 8 mos.

Place of Death, {Give Street and Number.} 66 Vincent alley

Cause of Death, First (Primary), Cholera infantum

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Sept 9th 1884

Undertaker, Wm. N. Dunger

Place of Business, 1162 East-ll

W. A. Jones M. D.
Medical Attendant.
Coroner

Address, 326 Holliday

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

78062

Board of Health, City of Baltimore.

Permit No. ..... *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Bush

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 87 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widdow

Occupation House wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and Number.} No 2 Vinent St

Cause of Death, First (Primary), Cancer of throat

Second (Immediate), Cancer throat & old age

Duration of Last Sickness, Five weeks ill Several months sick

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Sept 8th 1884

Undertaker Wm A. Bunzer

Place of Business, No 62 East 21st

J. H. Ellis M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 18063 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. Jamus Stuart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 3 *Months,* *Days*

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Furniture Rep—

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Canada 2 Yrs

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} 37 Biddle ave—

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 Months

All the above Information should be furnished by the Physician.

Place of Burial, Reisterstown Md

Date of Burial, Sept 9th 1884

Undertaker, S. M. Chase

Place of Business, 158 S. Howard

H. M. Wilson Jr M. D.
Medical Attendant.

Address, B. C. O.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

8393

[over.]

Board of Health, City of Baltimore,

Permit No. 78064 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jerry Hurley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 61 Stockton alley

Cause of death, First, (Primary,) .....

Second, (Immediate,) Marasmus

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Sept 9th 1884

Undertaker, D Emmy & Milstead

Place of Business, 180 W Fayette St *Address,* 382 W Fayette

E. Kemp M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18065 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 8

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Magennes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days,*

Color, White.

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Armagh Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Little Sisters of the Poor, Cor: Biddle and Valley Sts

Cause of Death, First (Primary),

Second (Immediate), Chronic Hepatitis

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Holy cross cemetery

Date of Burial, Sept 9/84

Undertaker Benj Blodkampf

Place of Business,

Wm. Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18066 *Office of Registrar of Vital Statistics,* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 9 1884

CERTIFICATE OF DEATH.

Date of Death, September 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Blake

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 22 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 105 Plum Alley

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, September 9th

Undertaker, J. Davis

Place of Business, 251 Montgomery St

Geo A Bell M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7807 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 9 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William A Black

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 193 Hudson St

Cause of Death, First (Primary), Teething

Second (Immediate), ...

Duration of Last Sickness, ...

All the above Info mation should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Sept. 10th 84

Undertaker G. Trava

Place of Business, Pfaus & Wolfe *Address,* .....

J. H. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78068 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 8/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Bummis.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 168 East av.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asthenia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Co.

Date of Burial, Sept. 9th.

Undertaker, Wendel Dippel

Place of Business, S. Potomac st. 152

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 7809 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 9 1884
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 6th Sept 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L McGirk

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty *Years,* One *Months.* Four *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 27 South Monroe St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Diarrhoea

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Sept 9/84

Undertaker, J. B. Cook

Place of Business, 707 Dr, Balto, *Address,* 455 W. Fayette St

S. G. Gunner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7870 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Rampley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* ½ hour *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 33 N. Pratt

Cause of Death, First (Primary), Premature birth

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Sept. 9/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,*

Geo. D. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to Rules & Directions on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 18071 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 9 1884

a

CERTIFICATE OF DEATH.

Date of Death, Sept. 9. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William E. Dunn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* 5 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Stevedore

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 51 E. Monument st.

Cause of Death, First (Primary), Typho-malarial fever

Second (Immediate),

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Sept 10/84

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker J. Beach

Place of Business, 207 E. Balto St. *Address,* * 305 ½ E. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 1802 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 7th 1854

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Mary Clinton Peale

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 18 years *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} No. 275 East Madison Street

Cause of Death, First (Primary), Hereditary

Second (Immediate), Consumption or phthisis

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 9th 54

Undertaker, Chamberlain & Co

Place of Business, 263 Eutaw

Milton N. Jenkins M. D.
Medical Attendant.

Address, 138 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78078 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sep. 8. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Fowler

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 36 N. Exeter St

Cause of Death, First (Primary), Paralysis

Second (Immediate), Debility

Duration of Last Sickness, Three years and seven months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Sept 9th 1884

Undertaker, Wm. H. Hickman

Place of Business, 1623 & 1625 } *Address* 66 E Baltimore St

C. H. Thomas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78074 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 6, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary J. Black

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Seventy Five *Years,* — *Months,* — *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md,

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 98 Mc Elderry Street

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Sept 9th 1884

Undertaker, Wm H Hickman

Place of Business, (1224 Boyd) *Address,* Inv cor N. Broadway

Wm H Clendinen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18075 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 7 '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Jeffries Jeffries

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 10 *Years,* *Months.* *Days*

Color, White

Married, Single, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} — —

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Canada

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give Street and Number.} 395 Eutaw st

Cause of Death, First (Primary), Shot himself

Second (Immediate), Accidentally

Duration of Last Sickness, Died a few minutes

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 9th 1884

Undertaker, E. F. Kramer & Son

Place of Business, 209 Hanover st

W. A. Jeans M. D.

Medical Attendant.

Address, Coroner 326 Hanover st City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7876 *Office of Registrar of Vital Statistics.* Ward.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

SEP 9 1884

BALTIMORE, MD.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Armand F. Dorsey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* 8 *Months,* 22 *Days,*

Color, White

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} 309 East Eager St

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Asthenia

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Sept 10th

Undertaker, Geo Schilling

Place of Business,

Jenny Wheeler M. D., Medical Attendant.

Address, 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 18077 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 9 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two *Years,* 0 *Months.* 0 *Days*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give Street and Number.} No 6 Tierney Alley

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Convulsions

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Church st Cemet

Date of Burial, Sept 9 1884

Undertaker, H Poss

Place of Business, 95 Conway *Address,* Cor Druid Hill & Dolphin st

Benj F Bohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 78078 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline & Herman Schrt Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 1 *Day*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 110 S. Sharp st

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemty

Date of Burial, Sept 1884

Undertaker, Chas Rosing

Place of Business,

Thos A Shaw M. D.

~~Medical Attendant.~~

Address, Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Emanuel Weinman

Health Department, City of Baltimore.

Permit No. 18079 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G Louis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 7 *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Store Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give Street and Number.} 251 S Howard St

Cause of Death, First (Primary),

Second (Immediate), Hepatitis + Pneumonia

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 10th 1884

Undertaker, C. P. Seewald

Place of Business, 35 S. Eutaw

Ferdinand Costa M. D.
Medical Attendant.

Address, 146 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 78080 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 9 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 8/84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin L. Peppler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 6 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 73 Holland St. Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and Number.} 73 Holland St.

Cause of Death, First (Primary). Dentition —

Second (Immediate). Acute Meningetis.

Duration of Last Sickness. Five Days?

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, 9th of September/84

Undertaker Henry Stephenson

Place of Business, 13 N. Charles St

C. F. Martenet M. D.
Medical Attendant.

Address, Belair Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7808 *Office of Registrar of Vital Statistics.* Ward, 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Black

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 53 *Years,* ... *Months,* ... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Potter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland 23 years in U. S.

Duration of Residence in the City of Baltimore, 15 months

Place of Death, {Give Street and Number.} 52 Hull st.

Cause of Death, First (Primary), Chronic Colitis

Second (Immediate), ...

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, September 9th 1884

Undertaker, M. A. Daily

Place of Business, 74 S. Broadway

P. G. Dausch M. D.
Medical Attendant.

Address, 325 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 1808 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Clements

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 254 N Wolfe st

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, Sept 10 1884

Undertaker, Fred J. C. Clements Jr

Place of Business,

Thos A Steen M. D.

~~Medical Attendant.~~

Address, Seventh & W

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Joseph M Lewis
Sanitary Inspector

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78083 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 9 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 8 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Warner

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 14 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 12 months

Place of Death, { Give street and Number. } #153 Vincent alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Syphis - Malarial Fever

Duration of Last Sickness, 6 weeks

All the above information should be furnished By the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 10/84

Undertaker, W. H. Lungee

Place of Business,

Mc K Warner M. D.

Medical Attendant.

Address, 1 a Fayette ave Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 18084

Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. SEP 9 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Creamer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 139 Hudson Street

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Sacred Heart Cem.

Date of Burial, Sept. 10th 1884

Undertaker, L. Franc

Place of Business, Bank & Hoff Sts. Address,

James A Shaw M. D.
Medical Attendant.
Com. of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78085 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Stewart

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 131 N. Gallows St

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 9 1884

Undertaker, Wm. Dunagee

Place of Business, 62 East St

A. J. Gaw M. D.
Medical Attendant.

Address, 132 N. Gallows St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 7086 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 9 1884
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew A Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 83 Mc Elderry st

Cause of Death, First (Primary),

Second (Immediate), Whooping Cough

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 10 84

Undertaker, F. J. Locke

Place of Business,

Thos A Henry M.D.

~~Medical Attendant.~~ Consulting P.C

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M McKewen
Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 78087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 9 1884 BALTIMORE MD.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 8 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Turner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 19 *Months,* *Days.*

Color, Colard

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Man

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 37 Saratoga St

Cause of Death, First, (Primary.) Fits Convulsions

Second, (Immediate.) Spasms

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 9th

Undertaker, Ed Mason

Place of Business, #14 Hamilton St

H Schnell M.D.,
Medical Attendant.

Address, 636 Davis St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7888 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 9 1884

CERTIFICATE OF DEATH.

Date of Death, September 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Waters

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co Md

Duration of Residence in the City of Baltimore, All 22 Years

Place of Death, {Give Street and Number.} Middle Branch Patapsco River Primrose Wharf

Cause of Death, First (Primary),

Second (Immediate), Accidental drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shaw St

Date of Burial, Sept 10/84

Undertaker, Chas Gray

Place of Business, *Address,* 161 S

L. Bell M. D.
Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

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Permit No. 7808 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

SEP 9 1884

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bertha Charlotte Tacker

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. } .....

Age, 9 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, ~~*Widow or Widower,*~~ { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 490 Penna Ave

Cause of Death, First (Primary), Typhoid

Second (Immediate), Pulmonary congestion

Duration of Last Sickness, ...

the above info mation should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Sept. 10

Undertaker Walter Emmert

Place of Business, 315 W. Biddle *Address,* 1138 Baltimore

J. Watkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18090 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 8 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Randolph Warren McClelland

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, — Months, 7 Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 343 Jefferson st

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, A A Co Md

Date of Burial, Sep 9/84

Undertaker, Guy & Bro

Place of Business, 51 N Broadway

P. S. Dowell M. D.
Medical Attendant.

Address, 325 E. Balto. st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7891 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1881

BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 8. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Ball

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* 8 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 10 Lodeman's Alley

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Sept 10th 1881

Undertaker, H Doss

Place of Business, 95 Conway St

W. S. Baer M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7892 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 10 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Harrisson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 99 *Years,* — *Months,* — *Days*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give Street and Number.} 68 N Eight St

Cause of Death, First (Primary),

Second (Immediate), old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Sept 14 2 PM

Undertaker, B Bank

Place of Business, 82 West St

Edward Coale M. D.
Medical Attendant.

Address, 446 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 78098 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 8 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ernest Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 11 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 231 Canton Ave

Cause of Death, First, (Primary,) Summer complaint

Second, (Immediate,)

Duration of Last Sickness, 8 week

All the above Information should be furnished by the Physician.

Place of Burial, Balto Conn

Date of Burial, Septbr 10th 84

Undertaker, H E Sanders & Son

Place of Business, 252 Canton Av *Address,*

E J May *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 18094 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Hofer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* One ~~*Months,*~~ *Days,*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 13 months.

Place of Death, {Give street and Number.} S W corner Sou[th] & Forest Streets

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Convulsions.

Duration of Last Sickness, One weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Septbr 10th 1884

Undertaker, H6 Sander[s] Jr.

Place of Business, 202 Canton Av[e] *Address,* #29 Arisquith Street

Samuel F Cowell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8095 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 8 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Nichols

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* — *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Delaware.

Duration of Residence in the City of Baltimore, 50 Years.

Place of Death, {Give Street and Number.} 128 E. Pratt St.

Cause of Death, First (Primary), Senile Decay

Second (Immediate), General Anasarca.

Duration of Last Sickness, 20 Years.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Sep. 10 1884

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

Alford Whitehead M. D.
Medical Attendant.

Address, 119 E. Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore.

Permit No. 7896 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Weitzo

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* ——— *Months,* 5 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ashland Ky 6 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 114 Ramsay St

Cause of Death, First (Primary), Natural.

Second (Immediate), Malarial Fever

Duration of Last Sickness, 13 days

the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Sept 10th 1884

Undertaker E F Kramer & Son

Place of Business,

J. K. Ellis M. D.
Medical Attendant.

Address, 195 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8097 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Myers

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 71 *Years,* 10 *Months,* 25 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} M

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 673 Hanover st

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Sept 10 1884

Undertaker, Wm J Fickens

Place of Business, 65 S. Eutaw

J. C Bunch M. D.
Medical Attendant.

Address, 15 1/2 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7898 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 10 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 10 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Probst

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* 8 *Months,* 1 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Storekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give Street and Number.} 264 S Howard St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Loyden Park Cemetery.

Date of Burial, September 12/84

Undertaker, W. J. Tickner

Place of Business, 65 S Eutaw Address, 46 Hanover St

Howard Cotton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 78099 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

CERTIFICATE OF DEATH.

Date of Death, Sept 10/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~ *Years,* Bet 2 & 3 *Months,* ~ *Days,*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Not Known

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and Number.} 37 S. Paul St

Cause of Death, First (Primary),

Second (Immediate) Enteric Colitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept 10/84

Undertaker Jer Linehan

Place of Business,

Thos. J. Ward M. D.
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 7810

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

SEP 10 1884

BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pat. Quirck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* — 0 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Labourer.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 41 Carlisle St.

Cause of Death, First, (Primary.) Sunstroke,

Second, (Immediate.)

Duration of Last Sickness, One hour.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Sept 10th 1884

Undertaker, David Hynes

Place of Business, 102 Hill St

D. L. Sullivan, M.D.,
Medical Attendant.

Address, 116 Thames St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7801 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1884

CERTIFICATE OF DEATH.

Date of Death, September 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Anthony Brunn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 21 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 226 E Madison St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) asthenia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 10 1884

Undertaker, Henry Hoede

Place of Business, 307 N Eutaw St

Irving Miller M. D., Medical Attendant.

Address, 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7802

Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 9th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E Stanton

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 3 Months. Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 245 E. Aisquith St

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Sept 10th 84

Undertaker, G. Franc

Place of Business, Franc & Wolf *Address,* 257 N. Broadway

Nicholas L. Dashiell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8103 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Kalet Kaletz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* ..... *Months.* ..... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give Street and Number.} 420 Canton ave

Cause of Death, First (Primary), Dat- Dropsy

Second (Immediate), As Therin

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Sept 12 84

Undertaker, G. Frana

Place of Business, Frana & Wolf *Address,* 1/4 So. Bucknell

L. L. Burton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 78104 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1884 HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 4 PM Sept 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents;} Martha Virginia Mahaney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* ——— *Days,*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} Eastern Ave 4 door East of No 11 Engine house. #407

Cause of Death, First (Primary), Dentation and Malaria

Second (Immediate), Malaria

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallo. Cem.

Date of Burial, Sept 11th 84

Undertaker G. Francis

Place of Business, Banks & Wolfe Express, 28 O'Donnell St

J E Pickard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 18105 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 10 1884

CERTIFICATE OF DEATH.

Date of Death, September 8. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Thomas

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, Nineteen *Years,* Two *Months,* Six *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Gold Beater

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 117 South Bond Street

Cause of Death, First (Primary),

Second (Immediate), Anasarca

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 11th

Undertaker, W Hippel

Place of Business,

Wm H Clendinen M. D.
Medical Attendant.

Address, Nov 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8106 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9— 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Heubeck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 0 0 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} Am bark Schooner Lula L Lowe

Cause of Death, First (Primary), Alcolism

Second (Immediate), Cerebral Congestion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mountcarmel C

Date of Burial, Sept 11

Undertaker, Heubeck Bro & C

Place of Business, Address, 88 Broadway

Hale Ruddy M. D.
Medical Attendant.
Canton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18107 ; *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1884

CERTIFICATE OF DEATH.

Date of Death, September 8, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Bowers

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 89 *Years,* *Months,* *Days,*

Color, White.

~~Married, Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 263 N. Carlton St.

Cause of Death, First (Primary),

Second (Immediate) Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 10 1884

Undertaker Wm Weaver

Place of Business, No 202 N. Eutaw St. *Address,* 75 E Balto St.

J. N. Hoeck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78108 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 8. 84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Newell.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 35 — *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Carrollton Av & La Fayette Av.

Cause of death, First, (Primary,) Organic Heart Disease

Second, (Immediate,) Congestion of the Lungs —

Duration of Last Sickness, About 3 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Sept 10. 84

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St

John T. King — M. D., Medical Attendant.

Address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7809 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Witte

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation General Work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 yrs

Place of Death, {Give street and Number.} ~~516~~ 516 E Chase St

Cause of Death, First (Primary),

Second (Immediate), Adynamia

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetary

Date of Burial, Tuesday Sept 9th

Undertaker Chas Bartell

Place of Business, 3 N. Frederick *Address,* 88 E Balto St

A. Lapp Shultz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7810 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, SEP 10 1884 BALTIMORE.

Date of Death, Sept 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida May Gibson Gibson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months.* *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 7 Hart St Bet Wolf & Washington

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Sept 10 84

Undertaker, H W Madden

Place of Business, 46 East St

J L Grote M. D.
Medical Attendant.

Address, 137 Carlton St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7811

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

SEP 10 1881

CERTIFICATE OF DEATH.

Date of Death, Sep 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph J Schuman Schuman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 4 E Fayette St

Cause of Death, First, (Primary.) Dropsy

Second, (Immediate.) "

Duration of Last Sickness, About 2 years.

All the above information should be furnished by the Physician.

Place of Burial, St Madre Cemetery

Date of Burial, Sept 10th

Undertaker, C F Kaw

Place of Business, 62½ W Balt St

Robt K Kneass M.D.,
Medical Attendant.

Address, 334 E Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7112 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1881

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Kreiner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months.* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 20 S. Amity St

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsas Cem

Date of Burial, Sept. 11/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 387 W Lombard

E. L. J'Heim *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7813 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1864 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1864

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Leo Horan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 2 Sommers alley

Cause of Death, First (Primary), Inanition

Second (Immediate), ...

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's

Date of Burial, Sept 11 1864

Undertaker, Michael Funk

Place of Business, No 66 Barre St

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 171 W. Colvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or singie) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78114 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 10 1884

CERTIFICATE OF DEATH.

Date of Death, September 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} S. Rosa F. Emerson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 210 N Eden St

Cause of Death, First (Primary),

Second (Immediate), Cancer of the Rectum

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept 11th 1884

Undertaker, Henry L. Mears

Place of Business, 45 N Gay St.

J J Gaw Jr. M. D.
Medical Attendant.

Address, 13 E Pleasant St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 7816 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 10 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward King

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 10 Months, 9 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 202 N. Green Alley

Cause of Death, First (Primary), Teething

Second (Immediate) Inflammation of Brain

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 11th 1884

Undertaker M. Clarke & Son

Place of Business, 92 S. Ann *Address,* 237 Gough St

A. J. Clarke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 7816 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Berry,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days,*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 97 Pine st.

Cause of Death, First (Primary), Old Age.

Second (Immediate), Ascites,

Duration of Last Sickness, 7 Months.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Sept 12-84

Undertaker Wm J Gray

Place of Business, 65 Mulberry

Jas W Pennington M. D.
Medical Attendant.

Address, 134 N Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7817 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1884
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 9. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie J. Hurd

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 15 *Months,* ... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Iowa

Duration of Residence in the City of Baltimore, 12 mos,

Place of Death, {Give Street and Number.} 47 Hull st. L.P.

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, September 11

Undertaker, B. Hart

Place of Business, 42 West St.

R W Mansfield M. D.
Medical Attendant.

Address, 52 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFE

Health Department, City of Baltimore.

Permit No. 7818 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Geo. Lisner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* 5 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Plasterer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 509 E. Eager St.

Cause of Death, First (Primary), Effusion of a gluey, serum Amputation of the hand.

Second (Immediate), Nervous prostration from loss of Blood.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Thursday Sept 11th

Undertaker, Geo. Schilling

Place of Business, Ashland square.

F. A. Sauer M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7819 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. #1884

Date of Death, September 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Moustine

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months.* *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Albuminuria

Second (Immediate), Uremic Coma

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Sep. 11/84

Undertaker, J. B. Cook

Place of Business, 202 W. Balto St *Address,* University Hospital

Welch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7820 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 10 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 10. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence J. Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months.* *Days*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 164 S. Durham st

Cause of Death, First (Primary), Tuberculous Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 10. 1884

Undertaker, Alexander Hensley

Place of Business, 116 Orchard st

G. Glandle, Jr. M. D.
Medical Attendant.

Address, Balt. & Gaul. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7821 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 9. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Watkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 138 Orchard St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 10 1884

Undertaker D. F. Kennedy

Place of Business,

B. B. Browne M. D.
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7822 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8 Sept 10 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chester Hazeltine -

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 14 *Months.* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 1529 N. Eutaw St

Cause of Death, First (Primary), Chronic Intestinal Catarrh

Second (Immediate), Exhaustion -

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenland Balto Co

Date of Burial, Sept 11th 84

Undertaker, J. Y. Pickett M. D.

Place of Business, 29 & Penna Ave *Address,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

339 6

[OVER.]

Health Department, City of Baltimore.

Permit No. 8123 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. Pugh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months.* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 98 Montgomery St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 8 or 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept. 11th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St *Address,* 161 S. Eutaw St

[signature] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No. 7824

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

SEP 11 1884
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Ford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, formerly Jeweler

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 372 Mosher, St.

Cause of Death, First, (Primary.) Chronic Bright's disease

Second, (Immediate.) Uraemia Coma.

Duration of Last Sickness, under my care last 8 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 11

Undertaker, Andrew Rohde

Place of Business, 48 Penna ave

Marbury Brown M.D.,
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7825 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Sept 10 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W^m Schonz-e

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 1 Months, 19 Days

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 27 Brown st

Cause of Death, First (Primary), Indigestion

Second (Immediate),

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem.

Date of Burial, Sept. 11

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

W J Hunck M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8126 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 11 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Manning

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 1 Year 4 Months

Place of Death, {Give Street and Number.} 57 Byrd St

Cause of Death, First (Primary), Heat Exhaustion

Second (Immediate), Congestion Brain & Lungs

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 12 1884

Undertaker, Daniel Flynn

Place of Business, 109 West St

D. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 7827 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 11 1884

CERTIFICATE OF DEATH.

Date of Death, Sept. 10 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Robinson

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 50 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give Street and Number.} No. 150 W. Pratt St.

Cause of Death, First (Primary), Heart Disease

Second (Immediate), —

Duration of Last Sickness, 4 years.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Sept 11th 1884

Undertaker, C.F. Krauss & Son

Place of Business,

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

Health Department, City of Baltimore.

Permit No. 18128 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 11 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, {Give Street and Number.} 65 Bond St.

Cause of Death, First (Primary), ...

Second (Immediate), Malarial Fever

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept. 13 1884

Undertaker, Michael Kenny

Place of Business, 65 Bond

D. Wolfe, M. D.,
Medical Attendant.

Address, 413 Bond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

over

Health Department, City of Baltimore.

Permit No. 18129 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 11 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentin Gauto

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months.* 3 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Eight days (8)

Place of Death, {Give Street and Number.} 307 Alicanna 83

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Eastern Public

Date of Burial, Sept 11/84

Undertaker, Gerkinehart

Place of Business,

E Hale Rutter M. D.
Medical Attendant.
Coroner

Address, 108 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 78130 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 10 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Nichols

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color ~~red~~

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation ~~Shoemaker~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 4 Short Alley.

Cause of Death, First (Primary),

Second (Immediate) Chronic Gastro Enteritis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 11 1884

Undertaker J. J. Locke

Place of Business, 413 Jefferson *Address,* 124 N Exeter St

E. C. Baldwin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 18731 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Laura Turner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* 11 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 404 Lexington St

Cause of Death, First, (Primary,) miscarrying (4 to 5 months)

Second, (Immediate,) Acute Peritonitis puerperal hemorrhage

Duration of Last Sickness, about 11 or 12 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Sept 12 1884

Undertaker, J. B. Cook

Place of Business, 209 E. Balto St. *Address,* 23 Edmondson Av

H. F. Bill *M. D.,* Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8132 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Leigh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days*

Color, White

~~*Married, Single*~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 50

Place of Death, {Give Street and Number.} 87 S Gilmor St

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Sept 12th 1884

Undertaker, Jos B Cook

Place of Business, No 707 W Balto St

James Bowley M. D.
Medical Attendant.

Address, 369 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78783 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11, 1884 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elsie Carlson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 6 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and Number. } 14 Gilbert St

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Shaft St

Date of Burial, Sept 11

Undertaker, A Hemsley

Place of Business, 1160 Charles

H. F. Hill M. D.,
Medical Attendant.

Address, 20 Edmondson Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 78734 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Beker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* 2 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} Broadway Ferry House

Cause of Death, First, (Primary,) —

Second, (Immediate,) Sunstroke —

Duration of Last Sickness, Half hour

All the above information should be furnished by the Physician.

Place of Burial, St Michaels

Date of Burial, Sept 12th

Undertaker, W. Hoppel

Place of Business, Address, 975 S. Broadway

A. L. Darkiell Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 78185 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 11 1884

CERTIFICATE OF DEATH.

Date of Death, September 9th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alvies Morris Thomas

~~Sex~~, Male ~~or Female.~~ { Cross out the word not required in this line. }

Age, 14 *Years,* *Months,* *Days.*

Color, White

~~Married~~. Single, ~~Widow or Widower.~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 121 N. Caldwell St.

Cause of Death, First (Primary), Injury to the plantar nerve

Second (Immediate), Tetanus

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, September 11th 1884

John Morris M D

Medical Attendant.

Undertaker Wm Weaver

Place of Business, No 202 N Eutaw St *Address,* 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7813 **Office of Registrar of Vital Statistics.** **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Ann Moale

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 163 Druid Hill Ave

Cause of Death, First (Primary), Old age

Second (Immediate), Exhaustion

Duration of Last Sickness, Several Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, September 12th 1884

J. H. Miller M. D.
Medical Attendant.

Undertaker Wm A Weaver

Place of Business, ~~No 202 N. Eutaw St~~ *Address,* 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7857 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9/11/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Ray

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* 7 *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laboring woman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 19 Larew's Alley

Cause of Death, First (Primary), Old age

Second (Immediate), Exhaustion from want of nourishment

Duration of Last Sickness, one month.

All the above information should be furnished by the Physician.

Place of Burial, Westerd

Date of Burial, Sept 11 1884

Geo A Fleming M D
Medical Attendant.

Undertaker, C M Coburn

Place of Business, 192 Harford Av *Address,* Franklin & Greene Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78158

Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 11 1884
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 9 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Zuber

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, Wht

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Caterer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~102~~ Druid Hill ave Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 102 Druid Hill ave

Cause of Death, First (Primary),

Second (Immediate), Angina Pectoris

Duration of Last Sickness, 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 11 1884

Undertaker, G W Chase

Place of Business, 194 Howard St

Chas Lane Tarrytown M. D.
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 18139 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 11 1884

CERTIFICATE OF DEATH.

Date of Death, September 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pearl Robinson Robertson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* — *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 60 Parkin St

Cause of Death, First (Primary), Malignant Diphtheria

Second (Immediate), Collapse

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sep 10th 1884

Undertaker, Geo. Leimbach

Place of Business, 339 W. Pratt St

A. N. Colburn M. D.
Medical Attendant.

Address, 343 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his police, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7140 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 10 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Baker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 15 Months, Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} 322 S. Dallas st.

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Sept. 11th 84

Undertaker, G. Franc

Place of Business, Jan 15 & Wall *Address,* 50 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 1814

Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsiblo for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Thursday Sept 11th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Gossuch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single,

Occupation, Gentleman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co:

Duration of Residence in the City of Baltimore, 15 Years.

Place of Death, {Give Street and Number.} 13 Forest Place

Cause of Death, First (Primary), Diarrhea

Second (Immediate), Exhaustion,

Duration of Last Sickness, One Week,

All the above information should be furnished by the Physician.

Place of Burial, Balto Co,

Date of Burial, Sept 12/84

Undertaker, W. M. Lemmon

Place of Business,

Wilmer Dunton M. D.
Medical Attendant.

Address, 25½ ~~Gr~~ Forest Place & Lan

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78142 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 10 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Doyle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 52 Union st

Cause of death, First, (Primary,)

Second, (Immediate,) Congestion of Brain

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Sept 12

Undertaker, Walter Emmert

Place of Business, 315 W. Baltimore *Address,* 23 McCulloh St

C Winslow M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78143 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 12 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 10, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Bogerdus

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* ..... *Months,* ..... *Days*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 32 & Strieker Sts

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Sept 12th 1884

Undertaker, Jos B Lord

Place of Business, 1707 W Baltimore *Address,* 319 Hollins St

James Bailey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18144 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 12 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Laib

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Wertenburg Germany

Duration of Residence in the City of Baltimore, 58 years

Place of Death, {Give street and Number.} 154 Saratoga St

Cause of Death, First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,) Apoplexy (Coma)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept 12th 1884 *J. A. Gillis* *M. D.,*

Medical Attendant.

Undertaker, Wm Weaver

Place of Business, 200 N Eutaw *Address,* 150 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 78142 — Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 12 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Miller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* ~~Months,~~ ~~Days,~~

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and Number.} No 83 Valley St

Cause of Death, First (Primary), Paralysis and Exhaustion

Second (Immediate), Old Age

Duration of Last Sickness, 3 years

All the above information to be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Sept 12th 1884 — J. Ridgway André M. D. Medical Attendant.

Undertaker Mr Weaver

Place of Business, 303 N. Eutaw — Address No 121 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ack of this Certificate.

Health Department, City of Baltimore.

Permit No. 18146 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 12 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbary Abey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* ... *Months,* ... *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} Druids Row

Cause of Death, First (Primary), ...

Second (Immediate), Malaria Fever

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 12 1884

Undertaker, Annuity Dunn

Place of Business, 263 Light

O. A. Cook M. D.
Medical Attendant.

Address, 110 Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78147 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 12 1894

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Baby Gaskins, mother

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~ *Years,* ~ *Months.* 1 *Days*

Color, col

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 2 Coard St.

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Shark St

Date of Burial, Sept. 12th

Undertaker, W. H. Dunger

Place of Business,

Thos A Steuart M. D.
Medical Attendant.

Address, Eutaw & Mon Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Sanitary Inspector

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7848 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

SEP 12 1884

BALTIMORE MD

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Jordan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 3 Rice Street

Cause of Death, First, (Primary,) Cholera Infantum -

Second, (Immediate,)

Duration of Last Sickness, Several days -

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Sept 12th 1884

Undertaker, H. N. Dunger

Place of Business, No 62 East St

J. Harvey Hill M.D. M. D.,
Medical Attendant.

Address Eutaw & Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78149 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Ellen Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* 10 *Months.* 0 *Days*

Color, Light Copper

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 1 yr & 10 months

Place of Death, {Give Street and Number.} No 23 Parish Alley

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Malarial fever

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 12th 1884

Undertaker, Wm. N. Jones

Place of Business, No 62 East st

B F Bohn *M. D.*
Medical Attendant.

Address, Cor Dolphin & Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Schedule Below, and to Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78150 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

SEP 12 1884

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Wiess, Jr.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* —— *Months,* 17 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Harness Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 47 Chew St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 4 Months

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Sept 13, 1884

Undertaker Henry Roth

Place of Business, 309 Canal ave *Address,* 283 N. Eden St

E. B. Fenby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

7857

Board of Health, City of Baltimore,

Permit No. ..... *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

SEP 12 1884

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B Ray

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* 8 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Bailiff & Collector

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 49 years

Place of Death, {Give street and Number.} 390 Lamvale St

Cause of Death, First (Primary), Enlargement & abscess of the Liver

Second (Immediate) Enlargement & abscess of Liver. Exhaustion

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 12

Undertaker Geo. H. Bloss

Place of Business, 201 Pennsa

J. W. J. Endar M. D.
Medical Attendant.

Address, 39[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7852 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Geary Parents Franklin Geary

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Years, Months, one hour Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 10 Ruxton Ave

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Sept 12 1884

Undertaker, John W Jackson

Place of Business,

[redacted] M. D.

~~Medical Attendant~~

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Sanitary Inspector

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Thomas Tapscott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Nineteen *Years,* Six *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster County Virginia

Duration of Residence in the City of Baltimore, Seven (7) days

Place of Death, {Give street and number.} No 6 North Eden Street

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate.) Perforation of the Bowels

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept. 13 1884

Jas H. Gaskins M. D.
Medical Attendant.

Undertaker, Jas O Byrne

Place of Business, 63 N Eutaw

Address 221 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 78154 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sebastian Lenz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 160 Edward St

Cause of Death, First (Primary), Inflamed Inflammation

Second (Immediate), Convulsions

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem.

Date of Burial, Sept 12th 84

Undertaker, G. Franc

Place of Business, Bank & Wolfe *Address,* 33 Eden St

C Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 7853 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1864

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Carey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tally Keeper in Malthouse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give Street and Number.} 71 North St

Cause of Death, First (Primary), Bilious Fever

Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, ~~St Peters~~ Catholic Cemetery

Date of Burial, Sept 13/864

Undertaker, C O Rau

Place of Business, 62½ W Balt St *Address,* 171 N Calvert St

Geo I Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No 7856 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 11 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hercules R. V. Andrew

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 76 *Years,* *Months,* *Days,*

Color, W

~~Married, Single, Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 276 Lexington st

Cause of Death, First (Primary), Enteritis

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Sept 13" 1884

Undertaker Kenny & Mitchell

Place of Business, 600 W Fayette *Address,* 57 Barre

H W Webster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78157 *Office of Registrar of Vital Statistics.* Ward 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Green

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 1 year & 2 mo.

Place of Death, {Give Street and Number.} 211 S. Dallas St. City

Cause of Death, First (Primary), Dentition

Second (Immediate), Hydrocephalus

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Saint Paul's

Date of Burial, Sept 13, 1884

Undertaker, Chas. Butler

Place of Business, 132 N. Gaylor St

Thos. F. Stevens M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 78138 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1884

B

CERTIFICATE OF DEATH.

Date of Death, September 11th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrich Reuter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* 11 *Months,* 23 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Shoe Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 408 Cross st.

Cause of Death, First (Primary), Apoplexy Congestive

Second (Immediate),

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Londenport Cem

Date of Burial, Sept 13 — 1884

Undertaker F Poke

Place of Business, 423 Cross st

H. L. Buddenbohm M. D.
Medical Attendant.

Address, [redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 78159 — *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minie Sipes. Sipes

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Ninety-six *Years,* Eight *Months,* fifteen *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Rockdale, Balto. Co. Md.

Duration of Residence in the City of Baltimore, Sixty years.

Place of Death, {Give street and Number.} Arlington Ave. & Fremont st.

Cause of Death, First (Primary), Old age & Gen. debility

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sep. 13/84

Undertaker J. B. Cook

Place of Business, 709 W. Balto. *Address,* 152 Townsend st.

Silas Baldwin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 18160 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1884

CERTIFICATE OF DEATH.

Date of Death, Christian Friedrich Schultze

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} 12 September 1884

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 83 *Years,* ? *Months.* ? *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widower

Occupation, Cabinetmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Freienwalde Prussia 33 yrs U.S.

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give Street and Number.} E. Biddle Street 227

Cause of Death, First (Primary), Old age

Second (Immediate), Apoplexie

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Center

Date of Burial, Sept 14, 1884

Undertaker, Henry Hoen

Place of Business, 389 Central Ave *Address,* 205 W Lombard St

Dr F Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7816 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1884

8

CERTIFICATE OF DEATH.

Date of Death, Sept. 12 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs H Burkett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 6 *Months,* ~~7~~ *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Printer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 193 N Lombard St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), 4 weeks

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial London Park Cemetery

Date of Burial, Sept 14 th 1884

Undertaker John S Mallacher

Place of Business, 15 Hanover St *Address,* 92 Cathedral

T S Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7862 — *Office of Registrar of Vital Statistics.* — Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Pugh

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 362 Washington Av

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Sept. 13th 1884

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 238 a Broadway

H. L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No. 78163

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Corpe

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ... *Years,* 1 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 116 S. Duncan st Hosp.

Cause of Death, First, (Primary.) Enteritis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sep 14th 1884

Undertaker, H. Clark & Son

Place of Business, 92 O. Ave

F. F. Backman M.D.,
Medical Attendant.

Address, 370 E. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8164 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 11th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hepburn Barnum

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months.* 18 *Days*

Color White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York City —

Duration of Residence in the City of Baltimore, Visit of a few days

Place of Death, {Give Street and Number.} 741 Madison Ave.

Cause of Death, First (Primary), Pulmonary Congestion

Second (Immediate), Asphyxia

Duration of Last Sickness, A few hours —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 14th 1884

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Eldridge C. Price, M. D.
Medical Attendant.

Office Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 7865 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

SEP 13 1884

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 12th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Hennick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 1 Day.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Balto City College

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 2 months

the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Sept 13th 1884

Undertaker Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 2 Centennial st

H Stonebraker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7866 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 12 th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertie Scarf

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 6 *Years,* — *Months,* 7 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 65 Clifford St

Cause of Death, First (Primary), Malignant Diptheria

Second (Immediate), Apnoea

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 13 September 84

Undertaker, R. F. Dill

Place of Business, 183 Columbia Ave *Address,* 343 W Lombard St

A. M. Colburn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 7867 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Katamynska

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 241 Easton Ave.

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 13/84

Undertaker, John Burns

Place of Business, 224 S. Bethel St

James A Steuart M. D.

~~Medical Attendant~~

Address, Corner Eden & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Emanuel Weinman

Board of Health, City of Baltimore, 11

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1884 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Donald McIlvain

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* 8 *Months,* 12 *Days.*

Color, Wh.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Inverness - Scotland

Duration of Residence in the City of Baltimore, over 50 yrs.

Place of Death, {Give street and number.} 110 Park Ave

Cause of Death, {First (Primary,) Old Age / Second (Immediate,) Exhaustion

Duration of Last Sickness, Some mos.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 15th 1884

{*Undertaker,* New Jenkins Sons / *Place of Business,* Park & Saratoga Sts

Wm F Lockwood M. D.
Medical Attendant.

Address Park ave & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1869 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 12 th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Church

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 11 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 134 Lombard St

Cause of Death, First (Primary), Diphtheritis

Second (Immediate), Diphtheritic Croup

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Sept 14, 1884

Undertaker, Henry Hoerth

Place of Business, 309 Central Ave

E. E. Shaw M. D.
Medical Attendant.

Address, 101 Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8170 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 13 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 84 4 AM

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heinrich Rickmeyer

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 19 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Artist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germ 12 mos in America

Duration of Residence in the City of Baltimore, 12 mos

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Tuberculosis of lung

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ct

Date of Burial, Sept 15th 1884

Undertaker, Henry Hoeck

Place of Business, 369 N Paca St *Address,* 187 N Calvert St

Oscar J Corbey M. D.
Medical Attendant. C.H.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7877 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1884

CERTIFICATE OF DEATH.

Date of Death, September 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Cole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 7 *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 5 N. Dallas St

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Asbury & Bemis

Date of Burial, Sept 13th 1884

Undertaker, J. J. Cook

Place of Business, 1715 Jefferson St.

..... *M. D.*
Medical Attendant.

Address, 137 Dallas St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7812 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A Haney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 20 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 87 S Gilmor

Cause of Death, First (Primary), Inflammation of Brain

Second (Immediate), Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cem

Date of Burial, Sept 14

Undertaker, F B Cook

Place of Business, 707 W Baltimore

James Bosley M. D.
Medical Attendant.

Address, 819 N Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78173 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 12 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 12/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Mitchell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 25 Constitution ch

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sep 14th. 1884

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St

Edward P. Merrill M. D.
Medical Attendant.

Address, 74 Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Instructions on the Reverse Side of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18174 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 12, 1884.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Kamm

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, ——— *Years,* One *Months,* Twenty *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} Harford ave. nr. North ave

Cause of Death, First (Primary), Cranitis

Second (Immediate), Anthenia.

Duration of Last Sickness, About two weeks.

the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sep 14th 1884

Undertaker Wm. H. Hickman

Place of Business, 234 & Gay St

Geo. A. Elwell, M. D.
Medical Attendant.

Address, 459 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78173 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 15 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 11 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bonnett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 306 Canton Ave

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Sept 14th 1884

E J Ney M. D.,
Medical Attendant.

Undertaker, H. Sanderson

Place of Business, 952 Canton Ave *Address,* 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7874 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Sept 12 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Wagner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 6 *Months,* — *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 14 yrs.

Place of Death, {Give street and Number.} 655 Light St.

Cause of Death, First, (Primary,) Parenchymatous Nephritis

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Several months

All the above Information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Sept 14

Undertaker, B. Hall

Place of Business, 62 West St

Geo. A. Kraus M. D.,
Medical Attendant.

Address, 286 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible] of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7817 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, September 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Priscilla Moore

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Thirty Seven *Years,* one *Months,* two *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 104 Cookeau St.

Cause of Death, First (Primary), Cancer of Womb

Second (Immediate), Septicaemia.

Duration of Last Sickness, Fifteen days.

the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Sept. 14

Undertaker B. Heil

Place of Business, 81 West St. *Address,*

William M. Barnes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7818 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 12 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Hughes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* 29 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 284 Hamburg st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shark st

Date of Burial, Sept 13/84

Undertaker, H. Ross

Place of Business,

James A Steuart M. D.

~~Medical Attendant.~~

Address, Camp & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8179 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 11th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Eckhart.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany. (in U.S. 33 years)

Duration of Residence in the City of Baltimore, 33 Yrs.

Place of Death, {Give Street and Number.} 175 S. Charles St.

Cause of Death, First (Primary),

Second (Immediate), Apoplexy.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Sept 14th 1884

Undertaker, Ph. Seewald

Place of Business, 35 S. Eutaw Address, 162 Sharp St.

R. J. N. Tall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78180 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 13 1884

BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Kaiser Wagner

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 73 *Years,* 6 – *Months,* *Days,*

Color, white

~~Married, Single,~~ *Widow or* ~~Widower,~~ { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Forty two years

Place of Death, { Give street and Number. } 500 – N. Gay St

Cause of Death, First, (Primary,) Perihepatitis

Second, (Immediate,) Effusion

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sep 14 1884 J. H. Thomas *M. D.,*

Medical Attendant.

{ *Undertaker,* John Hennig

{ *Place of Business,* 382 Orleans St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, ~~or the Coroner, when the case comes under his notice,~~ to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 7818 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Howland Thistlet

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 79 E. Pratt

Cause of Death, First (Primary),

Second (Immediate), Cerebral Meningitis

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, Sept. 14. 1884

Undertaker, M. A Daiger

Place of Business, 74 S. Bway

John E. Herrmann M. D.
Medical Attendant.

Address, 9 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 8182 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months.* — *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 213 Eutaw St

Cause of Death, First (Primary), Marasmus

Second (Immediate), Inanition

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Sept. 13

Undertaker, W. Immel

Place of Business, 315 W. Baltimore *Address,* W. Lombard St

C. W. Hatchison M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Rules As Below, and to those Printed on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 78183 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1884

B

CERTIFICATE OF DEATH.

Date of Death, Sept. 12. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Navradel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 7 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 38 r Chapel st.

Cause of Death, First (Primary), Eclampsia

Second (Immediate),

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical Cem

Date of Burial, Sept 13th 1884

Undertaker Frank Crook

Place of Business, 319 N Durham st

J. H. Ellenberger M. D.
Medical Attendant

Address, 344 E. Balto. st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 78184 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 12, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie G. Crouse

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 5 *Months,* 4 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Fredricks City Md

Duration of Residence in the City of Baltimore, About 4 years

Place of Death, {Give street and Number.} Franklin St 266.

Cause of Death, First (Primary),

Second (Immediate) Convulsion during & after Parturition

Duration of Last Sickness, 6 hours puerperal convulsion

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Sept. 14, 1884

Undertaker Matthew Cadogan

Place of Business, 227 Hull St

B. F. Herman M. D.
Medical Attendant.

Address, 175 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 78185

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } — Windstein, Infant

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 2 hrs. *~~Days.~~*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore, (137 N Gay)

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, { Give street and number. } 137 N Gay St,

Cause of Death, First, (Primary.) Premature Birth,

Second, (Immediate.) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ohab Sholem

Date of Burial, Sept 14th 1884

Undertaker, L Pomerinsky

Place of Business, 95 Harrison St

Jno. L. Chambers M.D.,
Medical Attendant.

Address, 133 N Eden St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78186 *Office of Registrar of Vital Statistics.* Ward 5-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 14 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Toner

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 70 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Watchmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 197 N Exeter

Cause of Death, First (Primary), Cirrhosis of Liver

Second (Immediate), Coma

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 15th 1884

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

D. Scott M. D.
Medical Attendant.

Address, 14 E. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7867 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 13 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Raffi

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Glass Blower

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give Street and Number.} 14 Linden

Cause of Death, First (Primary),

Second (Immediate), ~~Ulcer~~ - Phthisis

Duration of Last Sickness 1 Year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphons C.

Date of Burial, Septemb. 15th

Undertaker, B. Haile

Place of Business, 82 West St

Thomas Cooke, M. D.
Medical Attendant.

Address, 146 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 78188 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

SEP 11 1884

Date of Death, Sept. 11th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Elizabeth Hall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* 12 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 425 E. Balt. St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), & Laryngitis

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Sept 15th 1884

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

G. Glenn Lusk M. D.
Medical Attendant.

Address, Balt. & Wash. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 78189 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1894

CERTIFICATE OF DEATH.

Date of Death, September 12th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beulah Anderson Shanks

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Eight, Months, Days,

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} #42 Cumberland St.

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Do not know Saw it but Once

All the above information should be furnished by the Physician.

Place of Burial, Mound Olivet Cem

Date of Burial, Sept 14 1894

Undertaker Indiana Robbe

Place of Business, 48 Penna ave

A E Pole M. D.
Medical Attendant.

Address, No 1 North av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7819 P *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 14 1884 BALTIMORE MD

Date of Death, September 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kasper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* — *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 176 N. Wolfe St

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, September 14. 1884

Undertaker, F. Veach & Co.

Place of Business, 309 N Durham St

Chas. Moffit M. D.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78191 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT SEP 14 1884 BALTIMORE MD

Date of Death, Sept. 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Holmes

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 11 *Months.* *Days*

Color, col

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Essex County Virginia

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} No 2 Upton St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Sept 14 1884

Undertaker, Alf Kennedy

Place of Business,

James A Steuart M. D.

~~Medical Attendant.~~

Address, Camp 76. & 78

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Inspector

[OVER.]

Health Department, City of Baltimore.

Permit No. 78192 *Office of Registrar of Vital Statistics.* SEP Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 12. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucretia Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 245 Eutaw St

Cause of Death, First (Primary), Spasms

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, 14th Sept 84

Undertaker, Geo. Perkins

Place of Business, 217 Hanover St

Wm. H. Buck, M. D.
Medical Attendant.

Geo. Shubert
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 78193 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. Washington Bond

Sex, Male or Female, {Cross out the word not required in this line.} Male —

Age, 6 *Years,* 5 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt & City —

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} No. 25 Clifford St.

Cause of Death, First (Primary), Pseudo-membranous Angina

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, Sept 13th 1884

Undertaker, J. B. Cook

Place of Business, 707 E. Balto St. *Address,* Cor. Columbia ave & Bennett Pl.

David M. Des Voi M. D.
Medical Attendant.

HEALTH DEPARTMENT SEP 13 1884 BALTIMORE MD

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 7819 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 14 1884 BALTIMORE MD.

Date of Death, Sept. 13. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} G Lehr

~~*Sex*~~, *Male or* ~~*Female*~~; {Cross out the word not required in this line.}

Age, 12 *Years,* 11 *Months,* 10 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation, 0

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lexington & Amity Sts Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 466 Lexington St

Cause of Death, First (Primary), ——

Second (Immediate), Carcinoma Rectum

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Bullnew Cemetery

Date of Burial, Sept 15

Undertaker, I B Cook

Place of Business, 707 W Baltimore

L. C. Horn M. D.
Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78195 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1884

CERTIFICATE OF DEATH.

Date of Death, 13th day September 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Lee

Sex, Male or Female, {Cross out the word not required in this line.} Fem

Age, 76 *Years,* 6 *Months,* *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto County Md

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give street and Number.} No 15 Pratt St

Cause of Death, First (Primary),

Second (Immediate) Recto Vaginal Fistula

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 15th 1884

Undertaker Chas T Sevier

Place of Business, 211 N Eutaw *Address,* 299 west Fayette

D F Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 78196 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 14 1894 BALTIMORE MD.

Date of Death, 13th September 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Dillehunt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* 9 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 28 Heath St

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, 3 to 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 15/94

Undertaker, Chas. F. Scriven

Place of Business, 271 N. Eutaw

Wm J. Evans M. D.,
Medical Attendant.

Address, 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 78197 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
SEP 14 1884
BALTIMORE, MD.

Date of Death, Sept 11

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Owen Gorman

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mass

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 35 Richmond

Cause of Death. First (Primary), Epilepsy

Second (Immediate), Confirmed Convulsions

Duration of Last Sickness, 15 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 14/84

Undertaker Chas. T. Scriven

Place of Business, 211 N. Eutaw

Chas E Donnan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 78198 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 14 1884 BALTIMORE

Date of Death, 11 A.M. Friday Sept 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margret Ann Smith.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* 8 *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 133 East Pratt St

Cause of Death, First (Primary), Malaria

Second (Immediate), Typhoid

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Lincoln Cem

Date of Burial, Sept 14th

Undertaker W. Kipps

Place of Business, 151 S Bond St

J. E. Prichard M. D.
Medical Attendant.

Address, 280 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78199 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 14 1884

CERTIFICATE OF DEATH.

Date of Death, September 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis D Kiefer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Lo~~ Frederick City

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give Street and Number.} No 1 Macubbin St

Cause of Death,
First (Primary), Diptheria and sinuous suppuration of the Lung
Second (Immediate), acute laryngitis

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Sept 15 th

Undertaker, W. Lippel

Place of Business,

Milton A Taylor M. D.
Medical Attendant.

Address, 138 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1820

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78200 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine E Martin

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give Street and Number.} Cor Biddle & Pissul St

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), asthenia

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Sept 14 th

Undertaker, H. C. Winefield

Place of Business, 90 Greenmount Ave

Wesh M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78201 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13, 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Heineman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} —

Age, 25 *Years,* ... *Months.* ... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Paper hanger manufacturer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 135 Franklin

Cause of Death, First (Primary), fell from a third story window

Second (Immediate), at 135 Franklin st found dead on the pavement

Duration of Last Sickness, supposed died instantly

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Sept 15 1884 Wm A Keating M. D.

Undertaker, Joseph F Boyle ~~Medical Attendant.~~

Place of Business, 592 Liberty *Address,* 326 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 78202 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Sunday morning Sept 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hanchen Henriette Jochmcke

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 1 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation N.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ~~N W Cor Hudson & Curley 813~~ during life

Place of Death, {Give street and Number.} N W Cor J. Hudson & Curley 813

Cause of Death, First (Primary), Dentation

Second (Immediate), Marasmus

Duration of Last Sickness, Two Month

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 15 Sept 1884

Undertaker John E Healy

Place of Business, 265 Aisquith

J E Richard M. D.
Medical Attendant.

Address, 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78203 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 14/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Gruber

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 1 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 119 S Dallas st

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Septbr 15th 84

Undertaker, H Saunders Son

Place of Business, 252 Caroline Address 520 S Broadway

R W Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 78204 — *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 15 1884

CERTIFICATE OF DEATH.

Date of Death, September 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Griffith

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, Six *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Williams Row, no number

Cause of Death, First (Primary), Typho-Malarial Fever,

Second (Immediate), Exhaustion

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 15th

Undertaker B. Hale

Place of Business, 82 West St.

W. DeLancey A. Barclay M. D.
Medical Attendant.

Address, 47 Lunsay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 78205 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 15 1884

CERTIFICATE OF DEATH.

Date of Death, September 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Goldsack

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 33 Argyle av

Cause of death, First, (Primary,) Gastro-enteritis (Cholera infantum)

Second, (Immediate,) Cerebral paralysis

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept. 15th 84

Undertaker, Wm Wm Pudgeon

Place of Business, 227 Mulberry St

R W. Mumford M. D.,
Medical Attendant.

Address, 188 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 78206 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Quill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and Number.} 246 Franklin St

Cause of Death, First, (Primary,) General prostration from age

Second, (Immediate,)

Duration of Last Sickness, 10 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 15 1884

Undertaker, Matthew Cadogan

Place of Business, 27 Hanover St

H. F. Hill M. D.,
Medical Attendant.

Address, 23 Ed. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Health Department, City of Baltimore.

Permit No. 78207 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept: 14. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William. Hansen.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 45 *Years,* ~ *Months,* ~ *Days*

Color, White.

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married.

Occupation, Labourer Maker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 18 years.

Place of Death, {Give Street and Number.} # 63 Mulberry St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, about 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, 15th Sept 84

Undertaker, Henry Hartman

Place of Business, 63 N. Eden St.

John H. Lowman M. D.
Medical Attendant.

Address, 244 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78408 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Ffybold

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 107½ Milliken Pl

Cause of Death,
First (Primary), Cholera Infantum
Second (Immediate),

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery
Date of Burial, 19th September 84
Undertaker, Henry Kraemer
Place of Business, 63 N Eden St

Samuel E Dimmitt M. D.
Medical Attendant.
Address, 99 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 78209

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph W. Walker

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Cd

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 8 Eutaw Court

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, About 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 15th 1884

Undertaker, Wm Samuel Gray

Place of Business, 65 Mulberry St

Chas. G. Lay M.D.,

Medical Attendant.

Address, 75 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 78210

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

SEP 15 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sep 14. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Slatky

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 6 hours ~~*Days.*~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 183 N. Paca Street

Cause of Death, First, (Primary.) Premature birth 7 mos

Second, (Immediate.) debility

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Sep 15th 1884

Undertaker, Charles T Scriven

Place of Business, Eutaw Rose St

Clarence Brewer M.D.,
Medical Attendant.

Address, 6 & McCulloh Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 78211 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10 o'clock P.M. Saturday Sept 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elzebeth Balster

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* 11 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 340 Allisann St

Cause of Death, First (Primary), Granulated Kidney Bright's disease

Second (Immediate), do do do do

Duration of Last Sickness, Two Months 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Sept 15

Date of Burial, Sept 15 '84

J E Pritchard M. D.
Medical Attendant.

Undertaker Henry McGinnis

Place of Business, No 8 N. Central Ave *Address,* 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 78212 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, September 14. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Bradley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 12 Dawson alley

Cause of Death, First (Primary), Marasmus -

Second (Immediate), Exhaustion -

Duration of Last Sickness, 7 days -

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Sep. 15/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto St, *Address,* 28 N. Longwood

A. M. Watts M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 78213

Office of Registrar of Vital Statistics. 20

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary annie Lauer. Lauer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 30 Myrtle ave. Bod.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 30 Myrtle ave.

Cause of Death, First, (Primary.) Hereditum Nervous Debility

Second, (Immediate.) Convulsion

Duration of Last Sickness, 6 few minutes

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Sept 15 / 01

Undertaker, H. Rosenberger

Place of Business, 709 Mulberry St

H. P. Morgan *M.D.,* Medical Attendant.

Address, 19 W Monument St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7821 — Office of Registrar of Vital Statistics. Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Metzel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} W. 187 D Lombert st

Cause of Death, First (Primary), Diphtheria.

Second (Immediate), Septicaemia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Sept 16th 1884

L O Whitesides M. D.
Medical Attendant.

Undertaker Fred Gaede

Place of Business, 29 S. Caroline *Address,* 125 Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78215 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 13 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Collars

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 10 *Months.* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give Street and Number.} 135 Pennsylvania ave

Cause of Death, First (Primary), Cancer of the Rectum

Second (Immediate),

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, York Pa.

Date of Burial, Sep 16

Undertaker, J H Bayne

Place of Business, 200 Penna. ave

C. Fawcett *M. D.*
Medical Attendant.

Address, 92 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3399 Fawcett [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 48216 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th. September 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Meyer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kleinheben, Bavary, Germany

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and Number.} Nro 7 Calico's Court between Eastern and Canton Ave, Medyera Alley and Chapel

Cause of Death, First (Primary), Hydrops Ascites

Second (Immediate),

Duration of Last Sickness, 6 months

the above Info must or should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Sept 15th 84

Undertaker G. Frances

Place of Business, Bantz & Wolfe

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe & 11th

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78217 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Jankofski

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} 296 E. Wolf St.

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Anthonious Cem.

Date of Burial, Sept 15th 84 John H Kehberger M. D.

Undertaker, G. France Medical Attendant.

Place of Business, Bank & Wolfe *Address,* 243 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 78218 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore September 14- 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. E. Kinnear

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ Single ~~Widow~~ ~~Widower~~

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } #63 Barnes St.

Cause of Death, First (Primary), Spasmus Nascentium

Second (Immediate), Exhaustion

Duration of Last Sickness, One Day.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 15th September

Undertaker Matthew Cadogan

Place of Business, 227 Aisquith St. *Address,* 234 N. Bond

Geo. F. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78219 *Office of Registrar of Vital Statistics.* Ward 19"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Hammer.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 79 *Years,* *Months,* *Days,*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, {Give street and Number.} 183 N Stricker St.

Cause of Death,
First (Primary), Softning of the Brain
Second (Immediate), Coma

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 16th 1884

John L Pennington M. D.
Medical Attendant.

Undertaker Joseph F. Bayne

Place of Business, 619 Liberty *Address,* 134 N Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 78220 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 15 1884

CERTIFICATE OF DEATH.

Date of Death, Sept. 15th 1884.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} George Plitt

Sex, Male ~~*or Female.*~~ {Cross out the word not required in this line.}

Age, 79 *Years,* *Months.* *Days,*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation Baker (formerly)

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany – 55 years in U.S.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 15 – George St.

Cause of Death, First (Primary). Old age,

Second (Immediate). Hathernia, E.

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 17 the

Undertaker A. Lucas Robde

Place of Business, 75 Pomona ave

John Morris M. D.
Medical Attendant.

Address, 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7821 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles McFarlin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 125 S Albemarle St

Cause of Death, First (Primary), Phthisis Pulm

Second (Immediate), Hemorrhage

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Sept 15

Undertaker, Jas M. Grimes

Place of Business, 173 Pownall

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 17 N Grant St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 7822 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 15 1884

CERTIFICATE OF DEATH.

Date of Death, 14th September 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 174 Bloxgundy alley

Cause of Death, First (Primary), Spinal = Meningitis

Second (Immediate), Convulsions & exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 15th Sept 84

Undertaker, Geo W Perkins

Place of Business, 221 Hanover Address, 146 Hill St.

L. D. Deaver M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7223 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Mooney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ... Years

Place of Death, {Give Street and Number.} No 87 Aisquith St.

Cause of Death, First (Primary), ...

Second (Immediate), Dropsy

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Sep. 16. '84

Undertaker, M. A. Daigin

Place of Business, 74 S. Bway

..... M. D.,
Medical Attendant.

Address, 211 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 11224 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 15 1894

CERTIFICATE OF DEATH.

Date of Death, Sept. 12th 94

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Proud

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 27 Raborg St.

Cause of Death. First (Primary),

Second (Immediate), Senile Debility

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 15th 1894

Undertaker Samuel W. Chase

Place of Business, 198 S. Howard St *Address,* 262 Sharp St

R. M. Hall *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 18225 *Office of Registrar of Vital Statistics.* Ward 5 & B

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* — *Months,* 5 *Days,*

Color, Brown Skin

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Domestic

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 14 Jefferson St

Cause of Death, First (Primary). Typhoid Fever

Second (Immediate). Exhaustion

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Bendy

Date of Burial, Sept 15th 1884

Undertaker T J Locke

Place of Business, 473 Jefferson *Address,* 1156 E. Fayette St

Whitfield Bryson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7226 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 15 1884

CERTIFICATE OF DEATH.

Date of Death, Sep 15 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hubbard

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* *11 Months.* *6 Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Infantine

Place of Death, {Give Street and Number.} 120 Sterling Street

Cause of Death, First (Primary), Eating Cabbage & Beans

Second (Immediate), Congestion of Stomach & Intestines

Duration of Last Sickness, Eleven Hours

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Sep 16 1884

Undertaker, Wm Bockelmann

Place of Business, 132 N Eighth St

H Holland Smith M. D.
Medical Attendant.

Address, 188 Old Town Rd

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7827 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Maw

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 8 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Broadway below Thames

Cause of Death, First (Primary), Convulsions

Second (Immediate), ...

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemty

Date of Burial, Sept 15/84

Undertaker, W. Dippel

Place of Business, ... *Address,* .....

Geo. B. Reynolds *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78228 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Daley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} ~~Female~~

Age, 1 *Years,* *Months,* 10 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 144 West

Cause of Death, First (Primary), Dentition

Second (Immediate), Cerebral irritation

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Sept 16th 1884

Undertaker, D. Daniel Flynn

Place of Business, 109 West 9th *Address,*

D. Fillmore M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No. 7229 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 14 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Perry

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} /

Age, ... *Years,* Seven *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Woodward St.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} #46 Bokes St

Cause of Death, First (Primary), Cerebral Congestion

Second (Immediate), ...

Duration of Last Sickness, about One Week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 15th 1884

Undertaker Daniel Flynn

Place of Business, 109 West St

A A Pole M. D.
Medical Attendant.

Address, No 1 Mountain

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Health Department, City of Baltimore.

Permit No. 78230 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Knox

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* 4 *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give Street and Number.} 36 Bond St. L.P.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 16 1884

Undertaker, Daniel Flynn

Place of Business, 109 West St.

R. W. Mansfield M. D.
Medical Attendant.

Address, 52 O'Bradley

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7231 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, sept 14 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Reichert Ruckert

Sex, Male or Female, {Cross out the word not required in this tine.}

Age, 56 *Years,* 4 *Months,* 18 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nutfician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 175 S Paca

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pul

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sept 16 84

Undertaker, W^m J. Tuckner

Place of Business, 65 S Eutaw

J H Dallam M. D.
Medical Attendant.

Address, 25

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 78232 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 7 Cole St ~~5 Hollins St~~

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shurs St Cemetery

Date of Burial, Sept 16 Th 1884

Undertaker, Wm N Crusen

Place of Business, No 62 East St

F. V. Bluem M. D.
Medical Attendant.

Address, 187 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No 7 Cole St near Mount St

Board of Health, City of Baltimore.

Permit No. 78233 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert & Betty Brown (Parents

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Bruce alley No 296

Cause of Death, First (Primary), Mal-nutrition

Second (Immediate), Exhaustion

Duration of Last Sickness, During existence

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, Sept 15th 1884

Undertaker Wm M. Duggan

Place of Business, No 62 East Lee

L. G. Spence M. D.
Medical Attendant.

Address, N. Mount St No 279

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78237 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian H. Bormann

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 72 *Years,* 7 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ Married

Occupation, Miller

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} 100 N. Spring St

Cause of Death, First (Primary), Asthma

Second (Immediate), Conjestion of the Lungs

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 17th

Undertaker, Eco Schilling

Place of Business, ...

Francis A. Lewis M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18235 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 15 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Morris Burton

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 254 E Biddle st

Cause of Death, First (Primary), Teething & Malaria

Second (Immediate), Cerebral Meningitis

Duration of Last Sickness, about 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 16th

Undertaker Geo Schilling

Place of Business, —

Wm B. Billingslea M. D.
Medical Attendant.

Address, 256 E Preston st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 78236 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas H Marshall

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days,*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lancaster Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 48 Stockton al.

Cause of Death, First, (Primary,) Bilious Dysentery

Second, (Immediate,)

Duration of Last Sickness, Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Cemetery

Date of Burial, Sept 15 1884

Undertaker, Wilbur A Dunge

Place of Business, No 62 Fort Av *Address,* Balto & Calhoun Sts

J H Nelson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 78237 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 14.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Williams

~~Sex,~~ *Male or ~~Female~~,* {Cross out the word not required in this line.}

Age, — *Years,* — 2 *Months,* — *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, all it's life

Place of Death. {Give street and Number.} 164. S. Howard St.

Cause of Death. First (Primary), Phlegmasia Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness. 2 months.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Sept 15 '04 Geo Thomas M. D.

Undertaker H Ortt Medical Attendant. Dispen - Poly Clinic

Place of Business, 95 Conway St *Address,* 112 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78238 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Howard Jackson Lamont

Lamont

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} 97 Cutler St

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 15 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Mem

Date of Burial, September 15 1881

Undertaker, H. Sander & Son

Place of Business, 252 Canton Av

E. Jos. Evans M. D.
Medical Attendant.

Address, 53 Eleventh St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Lindsay

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 — *Years,* 1 — *Months,* 13 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 132 Lafayette Ave; Burn

Cause of Death First, (Primary,) Pulmonary Congestion

Second, (Immediate,) 24 hours

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 16th 1884

W. H. B. Sillman M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw

Address, 46 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 78240 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 15 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm McClenning

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 16 Sassafras St

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 16 Sept 1884

Undertaker, W Hickman

Place of Business, 154 N Gay St

I. C. Burdi M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7824 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 15, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margarella Whiteatte

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 66 Fred Ave

Cause of Death, First (Primary), Cholera Infantile

Second (Immediate), ~~Cholera Infantile~~

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, September 16

Undertaker, John P. Caulis

Place of Business, 66 Fred Ave *Address,* 319 Fallsway

James Booley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 7842 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1884 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, September 15th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Garlach

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years.* *Months.* 18 *Days*

Color, White

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 275 Eastern avenue

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Septbr 16th 1884

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

Nicholas L. Sathill Sr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78243 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 16 1884 REGISTRAR BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, September 13 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Snowden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 8 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 20 S Bethel St

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, E. Balt Cemetery

Date of Burial, Sept 16 1884 E. Hall Rutledge M. D.

Undertaker, Geo. Risteau ~~Medical Attendant.~~ Coron

Place of Business, Forest Place *Address,* 118 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78244 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sep. 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Rosenthal.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 602 E. Hoffman St.

Cause of Death, First (Primary), Cholera Infantum.

Second (Immediate),

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sep 17 th 1887

J. G. Pitcher M. D.
Medical Attendant.

Undertaker, John Kenney

Place of Business, 382 Orleans St. *Address,* Fayette & Pine

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78445 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 16 1884

CERTIFICATE OF DEATH.

Date of Death, Monday Sept 15th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. G. McDonald

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 2 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 32 E. Eager St.

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), Convulsions

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sept 16th 84

Undertaker, H. C. Wiedefeld

Place of Business, 4 Greenmount Ave

Wilmer Brinton M. D.
Medical Attendant.

Address, ~~23~~ Forest Place Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Health Department, City of Baltimore.

Permit No. 7824/6 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permet for Burial can be Obtained without a Proper Certificate.

SEP 16 1884

CERTIFICATE OF DEATH.

Date of Death, September 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Schamer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give Street and Number.} 344 William st

Cause of Death, First (Primary), Bronchitis Chronic

Second (Immediate),

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemetery

Date of Burial, Sept 16th

Undertaker, B Hanle

Place of Business, 82 West st

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 78247 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 16 1884

CERTIFICATE OF DEATH.

Date of Death, Sept. 15th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellenora Parks

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 18 —

Place of Death, {Give Street and Number.} 109 Randal St.

Cause of Death, First (Primary), Acute Phthisis

Second (Immediate), Apnoea

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

...ce of Burial, Mt Olivet Cem

...te of Burial, Sept 16 Th

Undertaker, B Earle

Place of Business, 82 West st

R. Phd. Ellis M. D.
Medical Attendant.

Address, 313 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 78248 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 16 1884

CERTIFICATE OF DEATH.

Date of Death, ~~Willie Osterlag~~ Sept 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Osterlag

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 281 W Pratt St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 281 W Pratt St.

Cause of Death, First (Primary), Enteric Colitis

Second (Immediate),

Duration of Last Sickness, about 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C.

Date of Burial, Sept 16th 1884.

W. D. Booker M. D.
Medical Attendant.

Undertaker H. Seewald.

Place of Business, 35 S. Eutaw St. *Address,* 157 Park ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78249 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Sept 15—82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 6 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, School Boy

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Lanvain's Mart

Cause of Death, First (Primary), Accidentally Drowned

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, September 17. 1882

Undertaker, E. Schlenker. E. Hale Rutter M. D.

Place of Business, 204 Eastern Ave. *Address,* 108 Aisquith St. ~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 78258

Office of Registrar of Vital Statistics.

20

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 16 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lawrence

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 8 Weeks

Place of Death, {Give street and number.} 542 Fremont St

Cause of Death, First, (Primary.) Came here for the first time a few minutes before death, which was from Convulsions

Second, (Immediate.) He had been under treatment for a leg, but nothing in the treatment for the symptoms which indicated trismus

Duration of Last Sickness, 3 Hrs Blood Poisoning

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Junction

Date of Burial, Sept. 16/84

Chas E Salter M.D.,
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W Balto St *Address,* 565 Druid Hill Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

by B. & O. R.R. 3411

Board of Health, City of Baltimore,

Permit No. 78251 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 16 1884
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 15 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Fitzgerald

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Silver Plater

Birthplace, {State or country, and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and Number.} 30 New Church St

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,) asthma

Duration of Last Sickness, 9 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Sept 17 1884

F. E. Chatard M. D.,
Medical Attendant.

Undertaker, C. F. Krouse & Son

Place of Business, *Address,* 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78252 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, 22 *Years,* ——— *Months.* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give Street and Number.} 186 George St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Hemorrhage from Lungs

Duration of Last Sickness, Several yrs

All the above information should be furnished by the Physician.

Place of Burial, Bonnia Brae Cem

Date of Burial, Sept 17 1884

Undertaker, Martin Gahn

Place of Business, 128 W Lanvale *Address,* 947 Lexington

J. H. Branham M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78253 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Stallings

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 9 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 22 Clifford st

Cause of Death, First (Primary), ——

Second (Immediate), Diphtheria

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sept 17th

Undertaker, Wm J. Ficknen

Place of Business, 65 S. Eutaw *Address,* 108 S Paca St

Jno D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 78254 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena M Zimmerman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 23 Chesnut Alley

Cause of Death, First (Primary),

Second (Immediate), Malarial Fever

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 17/84

Undertaker, Julius Koehler

Place of Business, Corp & Sharp

Theodore Cordts M. D.
Medical Attendant.

Address, 1469 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18253 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Lefas,

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 1 *Months* 7 *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} No. 7 Ryan st.

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give Street and Number.} No. 7 Ryan st.

Cause of Death, First (Primary), Infantile convulsions

Second (Immediate),

Duration of Last Sickness, Since birth,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Sept 16 1884

Undertaker, H Rees

Place of Business, 75 Conway

Wm A. Alderdice M. D.
Medical Attendant.

Address, Cor. Columbia ave. & Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78256 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 16 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 15/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kephart

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months.* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 257 S. Fulton Ave

Cause of Death, First (Primary), old age.

Second (Immediate), 4 hours

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sept. 16/84

Undertaker, B. Cook

Place of Business, 707 E. Balto St. *Address,* J. W. Clark M. D.

Medical Attendant.

P. G. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78257 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 15 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Busch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give Street and Number.} No. 1 Somerset St.

Cause of Death, First (Primary), Heart Disease of long stand

Second (Immediate), ing

Duration of Last Sickness, Died instantly

All the above information should be furnished by the Physician.

Place of Burial, Baltimore city

Date of Burial, Sept 17 1884

Undertaker, Henry Megeris

Place of Business, Pratt st

Alexander Hill, M.D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78258 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg & Ludwig Wiedemann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Seven (7) Months Eighteen (18) Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 4 Second Street

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 16th 1884

Undertaker, Ernst Schlosman

Place of Business, 181 Sharp St Address, Eager & Lexington

E. W. Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78259 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 16, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Köhler

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 1 *Years,* 1 *Months,* 29 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Beveringen Prussia.

Duration of Residence in the City of Baltimore, 13 month.

Place of Death, {Give street and Number.} 300 Canton Ave.

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Cholera Infantum.

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Evangelical Cem.

Date of Burial, Sept. 17th 1884

Undertaker, H. Sanders Son

Place of Business, 252 Canton Ave

H. V. Gourley, M. D.,
Medical Attendant.

Address, 96, S. Ann Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 78260 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 13 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phillip S. Wales

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 28 ~~28~~ *Years,* —— *Months,* —— *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} N. E. Cor Monument & Spring St.

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Sept. 17. 1884

Undertaker H. Sander & Son

Place of Business, 252 Canton Ave *Address,* 234 N. Broadway

Geo. F. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78261 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 04

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Klinefelter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bridgehoff Hessen Darmstadt

Duration of Residence in the City of Baltimore, Thirty (30) Years

Place of Death, {Give Street and Number.} 631 Fremont Ave.

Cause of Death, First (Primary), ...

Second (Immediate), Bright's Disease of Kidneys

Duration of Last Sickness, Six (6) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 13th.

Undertaker, # P. N. Fröhlich

Place of Business, # 101 Hanover

H. L. Klein M. D.
Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78262 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith E. K. Davidson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* — *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 23 Washington Road

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept. 17th

Undertaker, F. N. Fowler

Place of Business, #131 Hanover *Address,* 158 Hanover St

C. D. Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 78263 *Office of Registrar of Vital Statistics.* Ward 14 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 17 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maurice Hines

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11½ *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Marasmus

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Sept 17

Undertaker, J. H. Bayard

Place of Business, 201 Park Ave.

Thos. S. Latimer M. D.,
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78264 *Office of Registrar of Vital Statistics.* Ward 1/31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16 '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

Sex, Male ~~*or Female.*~~ {Cross out the word not required in this line.}

Age, 26 *Years,* *Months.* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Waterman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give Street and Number.} Off Tug Boat "W. J. Dyer" foot of Chester St

Cause of Death, First (Primary), ~~Accidentally~~ Drowned

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem'y

Date of Burial, Sept 17 '1884

Undertaker, Geo. Rhinehart

Place of Business, Forest Place *Address,* 108 Aisquith St

C. Hall Pultidge M. D.
~~Medical Attendant.~~
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

tificate

Board of Health, City of Baltimore,

Permit No. 78265 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 17 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 15

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Mahoney

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 *Years,* 65 *Months,* ..... *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } Asylum of the Little Sisters of the Poor

Cause of Death, { First (Primary), ... Second (Immediate), Age & Infirmity

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 17 1884

Undertaker Wm Blackamp

Place of Business, ... *Address,* .....

Jas. Foster Bayle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 78266 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1904 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Struzewski

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, 11 Days,

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 18 Bartlett St.

Cause of Death, First (Primary),

Second (Immediate). Atrophy

Duration of Last Sickness, 1 month.

All the above information should be furnished by the Physician.

Place of Burial, Loyed Home.

Date of Burial, Sept 17th

Undertaker John H Ries

Place of Business, 858 W Pratt st.

H. W. Hebner M. D.
Medical Attendant.

Address, 298 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 78267

Office of Registrar of Vital Statistics. 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT SEP 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amos C Pindell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* 10 *Months,* 26 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 85 Lough

Cause of Death, First, (Primary.) Hypertrophy & Dilatation of Heart

Second, (Immediate.) & Complications

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 18th 1884

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

H. E. Hooks M.D.,
Medical Attendant.

Address, 241 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7526 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept. 16/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Wales

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days*

Color, Col?

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Nurse Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset County

Duration of Residence in the City of Baltimore. 67 Years

Place of Death, {Give Street and Number.} 110 S Bethel St

Cause of Death, First (Primary), Chronic Phthisis

Second (Immediate),

Duration of Last Sickness, Me year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 17th 1884

Undertaker, The P. Jacks

Place of Business, 73 Jefferson St.

R W Mansfield M. D.
Medical Attendant.

Address, 60 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7269 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 17 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Peter Benson

~~Sex,~~ Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 578 N. Gilmor St.

Cause of Death, First (Primary), General debility superinduced

Second (Immediate), by intemperance

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Sept. 18 1884

Undertaker, J. B. Carter

Place of Business, 707 W. Balto St. *Address,*

J. G. Smithcum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7870 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED SEP 17 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 55 *Years,* ..... *Months.* ..... *Days*

Color, Blk

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 35 Y

Place of Death, {Give Street and Number.} 20 Fordhams alley

Cause of Death, First (Primary), Dystocia

Second (Immediate), Heart disease

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mary's Cemetery

Date of Burial, Sept 17 1884

Undertaker, H Doss

Place of Business, 97 Conway st *Address,* 397 Light st

R H L Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...rtificate.

Health Department, City of Baltimore.

Permit No. 1271 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 17 1884

CERTIFICATE OF DEATH.

Date of Death, September 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Blanche Hawkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* 10 *Months,* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 425 E. Eager Street

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), Coma

Duration of Last Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 18th

Undertaker, Geo Schilling

Place of Business, —

Geo. Glover M. D.
Medical Attendant.

Address, 425 E Eager Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 78272 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mina Ross

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.} Female

Age, 50 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation Nun

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England 30 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Garden + Bedford

Cause of Death, First (Primary), age -

Second (Immediate), Carcinoma apoplexy

Duration of Last Sickness, about 6 months

the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 17/84

Undertaker Chas. L. Scriven

Place of Business, 21 N. Eutaw *Address,*

Chas A'Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78473 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 17 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Sept~~ Sept 17 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Pr Borsche

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* 11 *Months,* 27 *Days*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 47 Years

Place of Death, {Give Street and Number.} 294 N Eutaw St

Cause of Death, First (Primary),

Second (Immediate), Angina Pectoris

Duration of Last Sickness, ~~Sudden~~ Immediate attack 20 minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 18

Undertaker, Henry Briles

Place of Business, Henrietta St 81

Theodore Cook M. D.
Medical Attendant.

Address, 469 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7827 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 17 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marion Duvall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 25 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 167 Elliott St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Inflammation of Brain

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 18 Sept 1884

Undertaker John C. Sharp

Place of Business, 405 Allen Ave

J. H. Martin M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78475 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 17 1884

CERTIFICATE OF DEATH.

Date of Death, Sept. 17/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* —— *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, Sudden.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept. 17/84.

Undertaker, Mark McGeagh.

Place of Business, Sisson & Townsend

R. Mc Goldsmith, M. D.
Medical Attendant.

Address, Harlem Ave. Calton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78276 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 16/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosie Miller.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 8 *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Cholera Infantum.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Sept. 17/84.

Undertaker, Frank McVeagh.

Place of Business, Sisson & Irwin

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem Av. Calhoun sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17

Permit No. 7827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 16. 1884

Full Name of Deceased, {Writs legibly and spell correctly. If an infant not named, give names of parents.} Catherine Farell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastport, Maine

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 44 Williamson st

Cause of Death, {First (Primary,) Cerebral Meningitis
Second (Immediate,) Apnoea

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, H Fairview Cr

Date of Burial, September 18

{*Undertaker,* D. Gill & Co
Place of Business, 62 West St.

T. Daugherty M. D.
Medical Attendant.

Address 157 Hamburg st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 78278 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT SEP 17 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Heuetz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 11 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 419 E. Eager

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Collapse from

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemet.

Date of Burial, September 17/84.

Undertaker, Frank Leach Co.

Place of Business, 319 North Gaston Ave.

L. W. Schaeffer M.D.
Medical Attendant.

Address, 419 E Eager St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 78279 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 17 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 16/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Whalen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 190 Ramsay St

Cause of Death,

First (Primary),

Second (Immediate), Spasms.

Duration of Last Sickness, Three (3) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sept 17th 84

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

D. L. Phelan M. D.
Medical Attendant.

Address, 32 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 78280

Office of Registrar of Vital Statistics.

13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 16 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Baker

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 70 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Mad wife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto County

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 66 Cider alley

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 17 1884

Undertaker, Saml W. Chase

Place of Business, 158 E Howard St

Wm. H. Goodwin M.D.,
Medical Attendant.

Address, 600 W Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7828 / *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Sept 17 / 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Shepard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months.* 48 hours *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 220 Mad. Ave

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 220 Mad. Ave

Cause of Death, First (Primary),

Second (Immediate), Cholera

Duration of Last Sickness, 1 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept 17th 1884

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 23 Fountain

J H Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78282 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 16th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hack.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months.* — *Days*

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Cty.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} N. 120 Caton.

Cause of Death, First (Primary), Ignition

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Carrolton & Green mount Cemetery

Date of Burial, Sept 18th

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw St

[illegible] M. D.
Medical Attendant.

Address, Cor Columbia Ave & Front Rd

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78283 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th Sept 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* 6 *Months,* 27 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} Cor. Paca & Warner

Cause of Death, First, (Primary,) ✓

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 27 days

All the above information should be furnished by the Physician.

Place of Burial, Met Olivet Cem

Date of Burial, September 19

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

Wm J. Evans M. D.,
Medical Attendant

Address, 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78284 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 17 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 15, 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Wadkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, School Teacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 174 Hanover st

Cause of Death, First (Primary), Natural causes. Probably

Second (Immediate), ~~Apoplexy~~ unknown or heart disease

Duration of Last Sickness, about two minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Sept 18th 1884

Wm A. Jones M. D.

Undertaker, Julius Koehler

Patrons ~~Medical Attendant.~~

Place of Business, Sharpe Cross & *Address,* 326 Hollins st city

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 7828 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 17 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 15 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George L Young.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* ..... *Months,* ..... *Days,*

Color col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} Clarks Court Chesnut st

Cause of Death, First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Sept 17th 1884

Undertaker Wm N. Langer

Place of Business, No 62 East st

E C Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter ss

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 78286 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th of Sept 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel E. Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} West River A. A. Co. Md

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give Street and Number.} 1 & Cole St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Wharf St Cemetery

Date of Burial, Sept 17th 1884

Undertaker, W. N. Gruger

Place of Business, No 62 East St

F. V. Benson M. D.
Medical Attendant.

Address, 187 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78287 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 16 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret E Burman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* 1 *Months,* 11 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life.

Place of Death, {Give Street and Number.} 565 Carrollton Ave

Cause of Death, First (Primary), Contusion Frontal (Patient)

Second (Immediate), Heart clot

Duration of Last Sickness, 25-30 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Sept. 18th 1882

Undertaker, J. B. Cook

Place of Business, 707 W Balto St *Address,* 55 No Grove

H. H. Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78588 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 16th 1904

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. McCasby

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} 118 Mulberry St

Cause of Death, First (Primary), Malarial Fever & Exhaustion

Second (Immediate),

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 17th September

Undertaker, Nathan Carlson

Place of Business, 227 Number 1 *Address,* 166 W Fayette St

Chas. W. Filler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18289 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan M. Schmeltz

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* 9 *Months,* 6 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 540 S. Charles St

Cause of Death, First (Primary),

Second (Immediate), Diarrhea Chronic

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount C.

Date of Burial, September 18

Undertaker, B Glover

Place of Business, 82 West St *Address,* 469 Hanover St

Geo. Ortz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 7890 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Barthman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 8 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 33 Byrd st

Cause of Death, First (Primary), Congestive Malarial Fever

Second (Immediate),

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cem Trapp R.

Date of Burial, Sept 17th 84

Undertaker, D. Wash

Place of Business, 62 West St

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78291 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Sept 17, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Hays.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 796 W. Baltimore St.

Cause of Death, First (Primary), ...

Second (Immediate). Marasmus

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon park

Date of Burial, Sept 18 1884

Undertaker Mr J Tribbel

Place of Business, 796 W. Balt St Address, 215 W. Eutaw St.

O. Edw. Janney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78292, *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Reed

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ ..... *Months,* 7 *Days*

Color, whi

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 29 Park Ave

Cause of Death, First (Primary), ...

Second (Immediate), Dysentery

Duration of Last Sickness, Live (6) Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Sept 18th 1884

Undertaker, Jos B Coale

Place of Business, No 707 W Baltimore Street

D L Spain M. D.
Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 78293 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, September 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles M. Barker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ditto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 178 Lacy st

Cause of death, First, (Primary,) Congestion of Brain

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Friday Sept 19th 1884

Undertaker, Jos B. Cook

Place of Business, 707 W. Baltimore St. *Address,* 582 W. Hayden

W. R. McKeever M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78294 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 17: 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Morton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seventy Eight *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No 219 Mulberry Street

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent

Date of Burial, Sep. 18 84

Undertaker, Frey & Son

Place of Business, 81½ Broadway

Wm. H. Cleudinen, M. D.
Medical Attendant.

Address, No. 102½ Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78295 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 16 — '81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Weber

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 3 *Years,* —— *Months,* —— *Days*

Color, White

Married, ~~Single,~~ ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpet-weaver

Birth Place, {State or country and how long in the United States, if of foreign birth.} Germany 19 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No. 93 Low St.

Cause of Death, First (Primary), Acute Gastro-Enteritis, caused

Second (Immediate), by taking rat-poison, containing Arsenic

Duration of Last Sickness, 3 hours. ——

All the above information should be furnished by the Physician.

Place of Burial, St Helena Cem.

Date of Burial, Sept 18 '81

Undertaker, C. H. Fanning

Place of Business, 196 E. Balto St

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner's Ass't. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 78296 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalin Ostendorf

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 116 Saratoga St

Cause of Death. First (Primary),

Second (Immediate), Consumption about 3 years

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cem

Date of Burial, Sept 20th 1884

Undertaker McClintock & Sons

Place of Business, Park & Saratoga

H. Ward M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78297 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 17th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caleb Parks.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* ..... *Months.* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 22 S. Washington St.

Cause of Death, First (Primary), ...

Second (Immediate), Old Age.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cimetery Philad Road

Date of Burial, Sept 20th 1884

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Nicholas L. Dashiell, Sr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Jane Ringold

Sex, Male or Female, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 1014 orchard St

Cause of Death { First, (Primary,) Acute Phthisis
Second, (Immediate,) Congestion of lungs

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Hofford Co

Date of Burial, Sept 18 1884

Undertaker, Alf Hendley

Place of Business,

Geo. G. Brewer M. D
Medical Attendant.

Address, 136 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

3104 Lanvale [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 78299 *Office of Registrar of Vital Statistics.* Ward 3 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 4th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Butler
Joseph Butler

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days,* 7

Color, White

~~Married, Single, Widow or~~ *Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland 8

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} H. F. C. & Orleans & Fayette (3624)

Cause of Death. First (Primary), Old Age

Second (Immediate), Marasmus

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 19 1884

Undertaker John Herring

Place of Business, 382 Orleans St Address, 64 S Eutaw St

J. Tibbles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 7306 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14 Sept. 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Seibold

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } F

Age, 16 *Years,* 10 *Months,* 9 *Days,*

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } S

~~Occupation~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Sliding at No 17. 169.

Cause of Death, First (Primary), (febris gastrica

Second (Immediate), gastritis.

Duration of Last Sickness, 9 days.

the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Sept 17 1884

Undertaker Henry Hook

Place of Business, 309 E. Eutaw St. *Address,* 37 Aisquith St

C. Hoffmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 78301 *Office of Registrar of Vital Statistics.* Ward 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Felix Güttyncew

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 28 *Years,* 2 *Months,* 26 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give Street and Number.} No 109 Lancaster st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Sept. 19 1884

Undertaker, J. Frame

Place of Business, Davis & Holly, *Address,* 22 Jackson Square

Thomas S. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Page

Board of Health, City of Baltimore.

Permit No. 78302 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Septr 18 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip H Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 56 Sterrett St

Cause of Death, First (Primary), Dilitation of heart & Mitral insufficiency

Second (Immediate), Asphyxia

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, September 20 1884

Geo R Graham M. D.
Medical Attendant.

Undertaker Wm J. Tiedemann

Place of Business, 65 S. Eutaw St *Address,* 136 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 78303 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 17–

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Taylor

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 16 days *Days.*

Color, Black.

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} # 139 Hanover St

Cause of Death. First (Primary), Spinal Curvature

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, Sept 18 1884

Undertaker H Rose

Place of Business, Conway

Geo Thomas M. D.
Medical Attendant.

Polyclinic Dispy. Balto Md.
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 78304 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel Harris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 14 *Days,*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} /

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and Number.} 210 N. Carrollton Ave

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), " "

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, Sept. 17th 1884

Thos Opie M. D.

Medical Attendant.

Undertaker Mrs. Eilau

Place of Business, 101 Gough St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 7830 S. *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sampson Hart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* 7 *Months,* / *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Storekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany / 45 yrs in America

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, {Give street and Number.} 757 W Balt. St.

Cause of Death,
First (Primary), Old Age
Second (Immediate), Chronic Bronchitis

Duration of Last Sickness, ~

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, Sept. 19th 1884

Undertaker Wm Silver

Place of Business, 101 Gough St

Oscar J. Wooley M. D.
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7f306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eggenberger

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 15 Bolton alley

Cause of Death {First, (Primary,) Diphtheria
Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 18/84

Undertaker, Chas T. Scriven

Place of Business, 27 N. Eutaw

Frank J. Flannery *M. D.*
Medical Attendant.

Address, Wilson & Dorsey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 78307

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Powles

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Real Estate Broker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} Mar. av at McElderberry

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.) Cerebral Apoplexy

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 20th 1884

Undertaker, Henry A. Mitchell

Place of Business, 750 W Fayette St *Address,* 143 St Paul

N. H. Kneas *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 18308 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Hickey Barnes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 45 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Grain Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cecil Co. Maryland

Duration of Residence in the City of Baltimore, thirteen years

Place of Death, {Give street and Number.} 103 Edmondson Ave -

Cause of Death, First, (Primary,) Consumption - (Phthisis Pulmonalis)

Second, (Immediate,)

Duration of Last Sickness, Five years -

All the above information should be furnished by the Physician.

Place of Burial, Cecil Co Md

Date of Burial, Sept 19" 1884 J Harvey Hull M. D.,

Medical Attendant.

Undertaker, Henry Whitehead

Place of Business, 550 W Fayette St Address Calhoun & Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit 3403

Board of Health, City of Baltimore,

Permit No. 18309 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 17. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia V. Hudson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 2 *Months,* 6 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 412 Orleans St

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and Number.} 412 Orleans St

Cause of Death, First, (Primary,) Cellulitis

Second, (Immediate,) Cardyrania

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 18/84

Undertaker, J. B. Schuh

Place of Business, 265 Alice Anna

B. T. Ewell M. D.,
Medical Attendant.

Address 285 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 17310 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Sargent

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 407 Aisquith

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Sept. 18. 1884

Undertaker, H. Sanderson

Place of Business, 253 Canton ave *Address,* 56 Eutaw St

E. Sargent M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 78311 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Parker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* 11 *Months,* 24 *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} Nr 15 N. Castle St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel ave

Date of Burial, Sept 19 84

Undertaker, [illegible]

Place of Business, 53 E Lombard St

G. S. Simmons M. D.,
Medical Attendant.

Address, 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78312 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Belle Johnson

~~*Sex, Male* or *Female*,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* *Months.* *Days*

Color, Dark

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 mos.

Place of Death, {Give Street and Number.} 205 Raborg St

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 6 wks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 19 1884

Undertaker, William A Duncee

Place of Business, 10 Stockton Alley

J H Branham M. D.
Medical Attendant.

Address, S W Cor Edmondson Ave & Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78313 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 16 1884
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th September 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward. T. Gray

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, — *Years,* — *Months,* ten *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 68 Vincent Alley, V

Duration of Residence in the City of Baltimore, All its life.

Place of Death, {Give street and number.} 68 Vincent Alley,

Cause of death, First, (Primary,) Trismus Nascentium

Second, (Immediate,) Do, Do,

Duration of Last Sickness, Three days, (I saw it in attend. Mostly, Only one time,)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 16 '84

Undertaker, Wilmot Dunyee

Place of Business, 69 East St

Harvey L. Byrd, M. D.,
Medical Attendant.

Address, 127 N. Arlington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 18314 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 18th. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lloyd Lorimer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* ——— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 689 Druid Hill Ave

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. Sept 19 1884

Undertaker, William H. Lemmon

Place of Business, 62 East St

J. C. Linden M. D.,
Medical Attendant.

Address, 47 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78315 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 18 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 17- 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lorkane

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months.* *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carol County

Duration of Residence in the City of Baltimore. 9 years

Place of Death, {Give Street and Number.} 488 - Patapsco Ave

Cause of Death, First (Primary), Dysentery

Second (Immediate), 7 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 18th 1884

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 78316 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17 94

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgianna Addison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months.* *Days*

Color, black.

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation, Washwoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give Street and Number.} Mt Hospital

Cause of Death, First (Primary), Phthisis

Second (Immediate), Acute Tuberculosis

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, Sept 18 / 894

Undertaker, Fred E. A. Kirchner

Place of Business, 129 N. Arlington Ave

H R Tinnelle M. D.
Medical Attendant.

Address, Mount Hope

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 78377 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, September 18 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simon Cohen (Colm.)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Merch.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Russia 6 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 76 Candem St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Eden Sheil Synagogue Cemetery

Date of Burial, Sept 19 1884

Undertaker [illegible]

Place of Business, 42 N High St *Address,*

A Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78318 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas A. Griffith

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months.* — *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 64 Parkin St

Cause of Death, First (Primary), Malignant Sore Throat

Second (Immediate), Asphyxia

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 19 1884

Undertaker, J. B Leord

Place of Business, Balto Edmondd

C. W. Colburn M. D.
Medical Attendant.

Address, 343 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Morrison Loane

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Male

Age, —— *Years,* 19 *Months,* —— *Days.*

Color, White

~~Married,~~ Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 11 Bolton alley

Cause of Death {First, (Primary,) Diphtheria
Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 20 92

Undertaker, Frank Loane

Place of Business, 6 Carroll Ave

Frank J. Flannery M. D.
Medical Attendant.

Address, Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18320 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday, Sept. 19th, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Ann Sutcliff.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England. Sixty or more yrs.

Duration of Residence in the City of Baltimore, " " " "

Place of Death, {Give street and Number.} 293 Saratoga St.

Cause of Death. First (Primary), Chronic Bronchitis, with Cerebral Softening.

Second (Immediate), Exhaustion

Duration of Last Sickness. About one (1) year.

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Sept 21st 1884

Undertaker John S. Mackie

Place of Business, No 150 Lemmon St.

L. de L. Gorgas, M. D.
Medical Attendant.

Address, 293 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78321 *Office of Registrar of Vital Statistics.* Ward 18 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 18, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angeline M. Steer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months.* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Keeper for Brother

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore co. Md.

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give Street and Number.} 290 Ramsey

Cause of Death, First (Primary), dropped dead in the house supposed heart disease

Second (Immediate), or Apoplexy.

Duration of Last Sickness, about three minutes

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Sept. 19/84

Undertaker, J. R. Cook

Place of Business, 707 E. Balto. St. *Address,* Wm. A. Sims M. D. Medical Attendant. Coroner 320 Hollins st City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 78322 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 18/884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Gill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 72 Park ave

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Sept. 19/884

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St, *Address,* 587 W. Lanvale

H. Friedman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78323 *Office of Registrar of Vital Statistics.* Ward 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday Sept. 18 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Marshall Hohn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} #370 Hanover St.

Cause of Death, First (Primary), Indigestion

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 20/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 56 West Fayette

Simmuel Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ack of This Certificate.

Health Department, City of Baltimore.

Permit No. 78327 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Horton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 44 Years

Place of Death, {Give Street and Number.} No 2 Hebbeler Ct

Cause of Death, First (Primary),

Second (Immediate), Chronic Bronchitis

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Sept 19th

Undertaker, H. C. Winkelfield

Place of Business, Ga Fairmount Ave *Address,*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

12.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Eleanor Burnett Hardesty.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 19 *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 years 11 months

Place of Death, {Give street and number.} 54 Baker St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Bony Pray

Date of Burial, Sept. 20

{*Undertaker,* Walter Immel
{*Place of Business,* 345 N. Biddle

E. A. Reid M. D.
Medical Attendant.

Address 243 N. Fremont St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Form

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78326. *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H. Auld

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* — *Days,*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md'a

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 95 S. Wolf

Cause of Death, First (Primary), Over Eating improper Food

Second (Immediate), Eclampsia, (Fits)

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Louis Cem.

Date of Burial, Sept 19th 84

Undertaker G. Francis

Place of Business, Pants & Wolf *Address,* 121 E. Bults st

W. Ridgway Andre M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 78327 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Taylor Wallace

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 3 *Months,* 22 *Days,*

Color, white

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.} Single

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 54 Brune st

Cause of Death, First, (Primary,) Cramation

Second, (Immediate,) Asthenia

Duration of Last Sickness, Feeble from birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Sept 19th 1884

Undertaker, F. Lewis Schaaf

Place of Business, 109 N Fremont

Jas E Gibbons M. D., Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [over.]

Health Department, City of Baltimore.

Permit No. 78328 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dilmore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give Street and Number.} 127 Eutaw St

Cause of Death, First (Primary), Heart disease

Second (Immediate),

Duration of Last Sickness, Has been growing infirm for several months.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Sep. 20 1884

Undertaker, M. A. Dager

Place of Business, 74 S. Bway

E. Jordan M. D.
Medical Attendant.

Address, 3 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of ...

Board of Health, City of Baltimore.

Permit No. 7829 ; *Office of Registrar of Vital Statistics.* Ward 12"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, September 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie V. Sheehan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and Number.} 311 Pennsylvania Ave.

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 5 week and 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sunday 21st

Undertaker John L. Hough Jr.

Place of Business, ...

B. S. Titcomb M. D.
Medical Attendant.

Address, 616 W Balto. Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78330 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sep 18 '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otho N. Beall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prince George Co

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give Street and Number.} Aged Mens Home

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Sep 20th 84

Undertaker, Hartsuch & Son

Place of Business, Park & Saratoga

H. M. Wilson *M. D.*
Medical Attendant.

Address, 257 Mad. ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 78331 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 19th, 5. A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Christina Schramm

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 65 *Years,* 3 *Months.* *Days*

Color, White.

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give Street and Number.} No. 690 Light St.,

Cause of Death, First (Primary), Enteritis.

Second (Immediate),

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Sept 21/84

Undertaker, G. Lembach

Place of Business, 389 W. Pratt St. *Address,* Cor. Columbia Ave. & Fremont St.

Wm H. Sanders M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 18332 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 19, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Mutte

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* 7 *Months.* 17 *Days*

~~Color~~,

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cloth Manufacturer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give Street and Number.} Belair Road

Cause of Death, First (Primary), Age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 21st 84

Undertaker, Geo Schilling

Place of Business,

T. W. White, M. D.
Medical Attendant.

Address, 367 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...ck of this Certificate.

Health Department, City of Baltimore.

Permit No. 78333. *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 20 1884

CERTIFICATE OF DEATH.

Date of Death, Septbr 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia R. Piercy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Month, 17 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give Street and Number.} 156 Green St

Cause of Death, First (Primary), Intestinal Catarrh

Second (Immediate), Marasmus

Duration of Last Sickness, From (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 20 1884

Undertaker, John W Jackson

Place of Business, Gay & Fairbairn Address 101 Cay & M. C. Lin

C O Pleasants M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78337 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 20 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James W Geddes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 604. W. Pratt

Cause of Death { First (Primary), Asthenia from a large
Second (Immediate), Emphysema & Eczema since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, Sept 20

Edw F. Mechlenburg M. D.
Medical Attendant.

Undertaker John F Bowers

Place of Business Hollins & Appleton *Address,* 283. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78335 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 19. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Wirth.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* 4 *Months,* 20 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Three & a half Years.

Place of Death, {Give Street and Number.} 7 S. Duncan alley

Cause of Death, First (Primary), Cancer of breast

Second (Immediate), Exhaustion.

Duration of Last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 21st 1884

Undertaker, Wendell Bedford

Place of Business, S. Bond St. *Address,* Greene & Mulberry Sts.

George H. Rohé, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks herein, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78336 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 18 SEP 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip L. Altmaier,

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 44 *Years,* ~~Months,~~ ~~Days.~~

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, ~~Male~~ - Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, 40 years —

Place of Death, {Give Street and Number.} 89 Sarah ann St

Cause of Death, First (Primary), Enteritis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 2 Weeks —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 21 84

Undertaker, Andrew Rohde

Place of Business, 48 Penna ave

T. Rickert M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78337 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 20 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 18 1884 & Exeter St 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Hopfield

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 2 *Months.* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, allways

Place of Death, {Give Street and Number.} 74 S. Exeter St

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sept. 21

Undertaker, C. F. Ran

Place of Business, 62½ W. Balto. st.

Louis Ho Horn M. D.
Medical Attendant.

Address, Cor Guilf. & Myrtle ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 78338 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 20th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Egen.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 11 *Months,* 27 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 14 Eclipse St.

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 3 days 6 h.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, September 21

Undertaker, B. Hall

Place of Business, 82 West Pratt St.

P. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78339 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 20 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, [redacted]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna C. Schroeder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 8 *Months.* — *Days*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 31 S. Collington Ave

Cause of Death, First (Primary), Enteric Fever

Second (Immediate), asthenia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical Cem

Date of Burial, Septr 20th 84

Undertaker, H. Sandert Son

Place of Business, 252 Canton Ave *Address,* 1 S. Broadway

Jno. S. Sands M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78340 *Office of Registrar of Vital Statistics,* Ward 8?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

SEP 20 1884

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Fitzgerald

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 202 Maryland Avenue

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Ennon

Date of Burial, Sept 20th [redacted]

Undertaker, Holofernes Hom

Place of Business, Park & Laraby Sts

A. T. Bell M. D.
Medical Attendant.

Address, 234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78341

Office of Registrar of Vital Statistics.

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

REGISTRAR'S OFFICE SEP 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th Sept 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Lang

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 28 Years, *Months,* *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} College al-

Cause of Death, First, (Primary.) Carcinoma of Rectum & lower bowel-

Second, (Immediate.) Exhaustion from Progress of the disease

Duration of Last Sickness, In bed something over 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Lyrae Cemetery

Date of Burial, Sep 21

Wm. G. Lang, *M.D.,*
Medical Attendant.

Undertaker, Chas. D. Meaghers

Place of Business, 425 Penna Ave. *Address,* 75 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 78342

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
SEP 20 1884
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 19. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of W. J. & M. E. Amos

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 145 N. Paca St.

Cause of Death, First, (Primary.) Imperfect respiration

Second, (Immediate.) Collapse of lung.

Duration of Last Sickness, Death sudden

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Cemetery

Date of Burial, Septem 20 1884

Anthony Bowers M.D.,
Medical Attendant.

Undertaker, W. A. Waiser

Place of Business, 74 S. Broadway *Address,* 68 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

SEP 20 1884

Permit No. 7833 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Covington Stinnick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 77 *Years,* 7 *Months.* 27 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ~~Single, Widow or Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 130 Barre St

Cause of Death, First (Primary), Old Age

Second (Immediate), Gangrene of Leg (Idiopathic)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Sept 21st 1884

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Jno D Blake M. D.
Medical Attendant.

Address, 158 Pacas

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

OVER.

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Board of Health, City of Baltimore.

Permit No. 7834 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR OF BIRTHS SEP 20 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. D. Seal

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and Number.} 171 McCulloh

Cause of Death,
First (Primary), Progressive Nerve atrophy
Second (Immediate), Exhaustion
Many Years

Duration of Last Sickness,

The above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, Sept 22nd 1884

Undertaker

Place of Business,

H. E. Latimer M. D.
Medical Attendant.

Address, 34 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 78345 *Office of Registrar of Vital Statistics.* Ward 20"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 20 1897 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 18th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clifton Key

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 55 Greenmeadow St

Cause of Death, First, (Primary,) Chronic Diarrhea

Second, (Immediate,) .....

Duration of Last Sickness, One month or more

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 20

Undertaker, 71 N. Richards St

Place of Business, 97 Druid Hill Ave

D E Atkinson M. D.,
Medical Attendant.

Address, 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 78346 *Office of Registrar of Vital Statistics.* Ward 3 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 20th 1884 SEP 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wilbur Langley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 245 E. Balto St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Convulsions

Duration of Last Sickness, three and a Lalf Months

All the above Information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Sept. 21 st 84

Undertaker G. Franck

Place of Business, Banks & Wolfe Sts. *Address,* 375 E. Balto St.

E. P. Sons *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 18347 *Office of Registrar of Vital Statistics,* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 20/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~ *Years,* 6 *Months,* ~ *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} ~~Mansions~~ St. Vincent's Infant Asylum

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 6 Mo Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Sept. 20/84.

Undertaker, Frank McVeigh.

Place of Business, Irwin & Irwin. *Address,* Harlem Av. Calvert.

R. H. Goldsmith - M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7F348 *Office of Registrar of Vital Statistics.* Ward 12 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Raymond Ashton~~ Sept. 19/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Raymond Ashton.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days*

Color, White -

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death,
First (Primary),
Second (Immediate), Convulsions - Sudden -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept. 20/84.

Undertaker Frank McVeigh

Place of Business, Sirsing & Townsend

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem Av. Calhoun -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18349 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 20 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 20th '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Jones

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Eleven *Years,* ~~*Months*~~ ~~*Days*~~

Color, Brown

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give Street and Number.} No. 61 Chestnut st.

Cause of Death, First (Primary), Scrofula

Second (Immediate), Debility -

Duration of Last Sickness, Six years -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 21st 1884

Undertaker, Abt Hemsley

Place of Business,

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 7850 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE SEP 20 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 20/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Garnofsky

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 168 Canton ave

Cause of Death,
First (Primary), Diphtheritic Croup
Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cemetery

Date of Burial, September 21/84.

Undertaker, F. Bruskofsky.

Place of Business, 215 S. Ann st.

R W Manofield M. D.
Medical Attendant.

Address, 50 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore.

Permit No. 78351 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 20 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta C Bryson

Sex, Male or Female, {Cross out the word not required in this line.} Femal

Age, 2 *Years,* *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 7 Rhinehart St

Cause of Death, First (Primary), Diptheria

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Sep. 20/84

Ges R Graham M. D.
Medical Attendant.

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address,* 136 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 78352 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Henry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Fall from hatchway

Second (Immediate), Cerebral Hemorrhage

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park U. S. National Cem

Date of Burial, Sep. 21/84

Undertaker, J. B. Cook

Place of Business, 707

West M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78353 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 29 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L Simpson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months.* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 35 Argyle Ave

Cause of Death, First (Primary), Teething

Second (Immediate),

Duration of Last Sickness, 10 - days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 29th 1884

Undertaker, Chas. T. Scriven

Place of Business, 27 N. Eutaw *Address,*

H. G. Hurst *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 78354 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Gaskill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 10 *Months,* *Days*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~B. [illegible]~~ N. Jersey & others

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 173 Montgomery St.

Cause of Death, First (Primary), Croup

Second (Immediate), Spasm

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Sept 21 1884

Undertaker, Armstrong & Penny

Place of Business, 263 Light St

Geo. P. Ellis M. D.
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78355 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 20 1884

CERTIFICATE OF DEATH.

Date of Death, September 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Roeder

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* 7 *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} Baltimore ~~County~~ (Schnuetzenpark)

Cause of Death, First (Primary), ~~Pneumonia~~ Chronic Pneumonia

Second (Immediate), the same

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Sept 22/84

Undertaker, C F Shaw

Place of Business, 62½ W Balto St

Henry Salzer M. D.
Medical Attendant.

Address, 169 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7835 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Gouly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, no

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} N. 53 Linden avenue

Cause of Death,
First (Primary), Marasmus
Second (Immediate),

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Sept 22 1884

Undertaker, John J Andrews

Place of Business, No 46 Druid Hill Ave

J H Kellum M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 7835 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 19 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hamlet O. M. Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and Number.} 11 Clement St. Lo

Cause of Death, First (Primary), Teething

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Fellows Hill C

Date of Burial, Sept 2nd 20

Undertaker B. Hurd

Place of Business, 82 West St *Address,* 86 Canton St

E. W. Parnes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78358 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Mondowney.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months.* *Days*

Color, Black

Married, ~~*Single, Widow) or Widower*~~, {Cross out the words not required in this line.}

Occupation, Caulker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Bethel St 122. (S)

Cause of Death, First (Primary), Anasarca Edward Dropsy.

Second (Immediate),

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 22

Undertaker, Henry McGinnis

Place of Business, 8 N Central Ave

John A Schultz M. D.
Medical Attendant.

Address, N E Cor Lombard & Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Method to be Observed in the Use of Disinfectants on Back

Board of Health, City of Baltimore,

Permit No. 78359 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 20 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph Anfang

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Tanner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 days

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Carcinoma of Stomach

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 20 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 21st 1884

Undertaker, Geo Ruichart

Place of Business, Forest Pl

R. B. Watkins M. D.,
Medical Attendant

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Called to the Law Relating to Burial Permits.

Board of Health, City of Baltimore,

Permit No. 78360 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 20 1884 MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 20 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Parker

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* F *Months,* — *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Asthenia

Duration of Last Sickness, 1 Week

All the above Information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Sept 21 84

Undertaker, Jos O'Byrne

Place of Business, 63 Green *Address,*

R B Watkins M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7836

Office of Registrar of Vital Statistics. 1510

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Henry Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 94 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 179 York St

Cause of Death, First, (Primary.)

Second, (Immediate.) Senility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cemetery

Date of Burial, Sept 21 / 84

Undertaker, Todd & Sons

Place of Business, 235 Montgomery

A. M. Bell M.D.,
Medical Attendant.

Address, 210 N. Howard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10062

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 18362 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Wiebrecht

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and Number.} 108 Perkins st

Cause of Death, First (Primary), Diphtheria Malignant

Second (Immediate), Prostration

Duration of Last Sickness, 5 days

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Sept 22. C. L. Buddenbohn *M. D.*

Medical Attendant.

Undertaker John Teufel,

Place of Business, No 796 n. Balto *Address,* 166. S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7363 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridgit Dunlon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give Street and Number.} 497 W. Pratt St

Cause of Death, First (Primary), Old age

Second (Immediate), Ind. Combustion

Duration of Last Sickness, 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 22d 1884

Undertaker, Geo Leimbacher

Place of Business, 389 W Pratt St

Jno D Blake M. D.
Medical Attendant.

Address, 157 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18364 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Leetpte

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months.* — *Days*

Color, ~~B~~ W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, H. W.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt° City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 119 Henrys C.t Empt & h.

Cause of Death, First (Primary), Labour — Septicaemia

Second (Immediate), Puerperal Peritonitis

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Sept 21st 1884

Undertaker, The? F. Jacks

Place of Business, 73 Jefferson st

Alfred Whitehead M. D.
Medical Attendant.

Address, 119 East Balt° St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...ack of this Certificate

Board of Health, City of Baltimore,

Permit No. 78365 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 19 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ada Simmons

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 19 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Talbott Co. Md.

Duration of Residence in the City of Baltimore, 5 Years.

Place of Death, { Give street and Number. } #138 N. Chapel St.

Cause of Death,
First (Primary), Consumption
Second (Immediate), Exhaustion.

Duration of Last Sickness, 6 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 21st 1884

Undertaker Chas F Locks

Place of Business, 73 Jefferson St

G. F. Taylor M. D.
Medical Attendant.

Address, 234 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 7866 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Boston Stewart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days,*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 564 Saratoga n

Cause of Death, First, (Primary,) Typhoid Fever.

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, Sept 20th 1884

Undertaker, Wm A. Lamson

Place of Business, 60 & 62 East 21

J Harvey Hill M. D., Medical Attendant.

Address Edmondson Village

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 78367 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 14 *Days*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 195. Hughes st.

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 21st 1884

Undertaker, Wm. H. Dunger

Place of Business, No 62 East st

E. L. Russell M. D.
Medical Attendant.

Address, 238 h Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians ... any

Board of Health, City of Baltimore.

Permit No. 78368 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 Sept 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Chisade

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 5 Stockton St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 21st 1884

Undertaker Wm M. Lange

Place of Business, cor 12 East St

John Hood M. D.
Medical Attendant.

Address, 594 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Rules of the Board, [illegible]

Board of Health, City of Baltimore,

Permit No. 18369 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 22 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Edward Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 132 Low St.

Cause of Death. First (Primary), Inanition

Second (Immediate), Convulsions

Duration of Last Sickness, 2 Months

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Sept 22

Undertaker W. Blethen

Place of Business, 2536 Lombard St

E. B. Fenby M. D.
Medical Attendant.

Address, 283 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7870 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE SEP 15 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert W. Dumber

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 1 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} No 492 W Washington St

Cause of Death, First (Primary), Teething

Second (Immediate), Congestion of the brain

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Long Cran Baltimore Co

Date of Burial, Sep 21 to 1884

Undertaker, John Hennig

Place of Business, 382 Colegate St

Milton A Taylor M. D.
Medical Attendant.

Address, 138 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Transit 3405

Special Attention of Physicians is Respectfully Invited to the ... of this Certificate.

Board of Health, City of Baltimore.

Permit No. 78371 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carlo Callaghan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 8 *Years,* ~~8~~ *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} County Cork Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Inst. Little Sisters Poor

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate), Two months

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, Sept 21 st

Undertaker W. Leippard

John Burke Byrne M. D.
Medical Attendant.

Place of Business, ... *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos E Bartland

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 56 d *Years,* Two *Months,* Twenty two *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} York County Pa

Duration of Residence in the City of Baltimore, about 9 years

Place of Death, {Give street and number} 192 North Carey St.

Cause of Death, {First, (Primary,) //
Second, (Immediate,) Disease of Liver & lungs}

Duration of last Sickness, About Five Months

All the above information should be furnished by the Physician.

Place of Burial, New Freedom York Co Pa

Date of Burial, Sept 23rd 1884

E. W. McGee, M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 556 W Fayette *Address,* 192 N Carey st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 78173 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George J Myers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, No

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pa

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give Street and Number.} No 56 S. Green St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Phthisis.

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Reading Pa

Date of Burial, Sept 22nd 1884

Undertaker, Denny & Mitchell

Place of Business, 560 W Fayette St *Address,* 26 Franklin "

I H Patterson *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore. 10

Permit No. 78374 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept the 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Wiegand

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, for Life Time

Place of Death, {Give Street and Number.} 143, N. W. corner Lexington & Howard

Cause of Death, First (Primary), Colic and Sicly Bourn.

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Sept the 21st

Undertaker, A. Rosenberger

Place of Business, 70 Mulberry St.

Edward A. Stein M. D.

~~Medical Attendant~~

Address, Cumberland Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Emanuel Weinman,

Health Department, City of Baltimore.

Permit No. 7837 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Steinwedel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give Street and Number.} No 9 E Fallegal alley

Cause of Death, First (Primary), Malarial Fever

Second (Immediate),

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, Sept. 21. 1884

Undertaker, H. Sandy Son

Place of Business, 252 Central Ave Address 9 E Fallegal alley

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7837 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 21 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Sinclair

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* ..... *Months.* ..... *Days*

Color, W

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give Street and Number.} 29 Baker st

Cause of Death, First (Primary), Phthisis Pulmonalis

~~Second (Immediate),~~ 9 Months

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sep 22 1884

Undertaker, F. Lewis Schaefer

Place of Business, 109 N. Fremont St.

H G Hunter M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No. 18377 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days,* ✓

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 51 Stockholm St

Cause of Death, First (Primary), Disease of Brain

Second (Immediate), Paralysis of L. side, Loss of Speech

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Sept 22

Undertaker H Ross

Place of Business, 95 Conway St

A K Bond *M. D.*
Medical Attendant.

Address, 316 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8378 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert E Herron

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* Three *Months,* ..... *Days*

Color, White

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} No Eldorado Street bet Duncan & Alley 8

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Extreme exhaustion

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 22 nd 1884

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Milton A Lewis M. D.
Medical Attendant.

Address, 18 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the ... of this ...

Board of Health, City of Baltimore.

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Permit No. 78379 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE SEP 22 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Magdulena Hoffmann

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 73 *Years,* 9 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 66 years

Place of Death. { Give street and Number. } 97 Green Mount Avenue

Cause of Death, First (Primary), Senility

Second (Immediate), /

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Sept 23rd

Undertaker George Schilling

Place of Business, ...

D W Cathell M. D.
Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7880 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 22 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 21 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F. Haller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 4 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Home

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 34 Orleans St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Croupis Laryngitis

Duration of Last Sickness, 48 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 22 1884

Undertaker, Henry McGinnis

Place of Business, 48 N. Central *Address,* 54 Augusta St.

Edward P. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 7838 1/ *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Ash

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days*

Color C

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 45 Robin ~~of~~ St

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Shark's Meeting

Date of Burial, Sept 22 84

Undertaker, A. Stemley

Place of Business, ... *Address,* Conway St.

James A. Steuart M.D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Inspector

[over.]

Health Department, City of Baltimore.

Permit No. 7382 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, One Months, Days

Color, yellow

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 68 Elbow Lane

Duration of Residence in the City of Baltimore, one month

Place of Death, {Give Street and Number.} 68 Elbow Lane

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Cholera infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 22nd 1884

Undertaker, Saml W. Chase

Place of Business, 198 S. Howard St

J A Trimble M. D.
Medical Attendant.

Address, Med Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78383 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 22 1884

CERTIFICATE OF DEATH.

Date of Death, Sept. 19.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George White.

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 15. *Days,*

Color, Colored.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Entire Time

Place of Death, {Give street and Number.} 171. N. Spring. St.

Cause of Death, First, (Primary,) Indigestion,

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 22nd 1884

Undertaker, Saml. B. Chase

Place of Business, 198 S. Howard

J. L. Heard, M. D.,
Medical Attendant.

Address, 151 Eighth St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blanks on Back of this C

Board of Health, City of Baltimore,

Permit No. 78384 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Ray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 Years, 6 Months, Days,

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harmony Lane

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 103 Sarah ann

Cause of Death, First (Primary) Brain Fever

Second (Immediate) Exhaustion.

Duration of Last Sickness, Two (2) weeks

the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 22nd 1884

Undertaker S. P. Chase

Henry Chandlee M. D.
Medical Attendant.

Place of Business, 198 S. Howard St Address, 181 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the ... Page.

Board of Health, City of Baltimore.

Permit No. 18385 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, September 21. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Engleking

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* One *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 124 n Chapel st.

Cause of Death. First (Primary), Inflam. Bowels

Second (Immediate),

Duration of Last Sickness,

the above info mation should be furnished by the Physician.

Place of Burial, Baltimore Cemetri

Date of Burial, September 22 1884 J. H. Gillenberg M. D.

Medical Attendant.

Undertaker John Herring

Place of Business, 382 Orleans st. *Address,* 344 E. Balt. st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 7886 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED SEP 22 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Benish

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 72 N Washington

Cause of Death, First (Primary), Diphtheria

Second (Immediate), ...

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, Sept 23 rd 1884

James E Donnelly M. D.
Medical Attendant.

Undertaker, John Hennessy

Place of Business, 382 Orleans St *Address,* 299 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 8387 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Horst

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years. 8 Months. 3 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 8 yrs 3 mos

Place of Death, {Give Street and Number.} No 398 Eastern Ave.

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Sept 22 to 1884

Undertaker, John Herwig

Place of Business, 382 Orleans St *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7388 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1894 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella A Lachar

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 28 Ridgely St

Cause of Death, First (Primary),

Second (Immediate), Cerebro Spinal Meningitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurelon Park Cem.

Date of Burial, Sept 23rd

Undertaker, B. Hall

Place of Business, 82 West St

Stevenson Coale M. D.
Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78389 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
SEP 22 1894
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 94

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie May Krieger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* few moments *Days,*

Color, white

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 72 Leadenhall St

Cause of Death, First, (Primary,) Debility of Labor

Second, (Immediate,) ———

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sept 22 -

Undertaker, Henry Brice

Place of Business, Hanover St 81

Geo A Abrams M. D.,
Medical Attendant.

Address, 266 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 7839 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Schneck

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 64 *Years,* 2 *Months,* 13 *Days*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 282 St Amory St

Cause of Death, First (Primary), Chronic Myelitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem'y

Date of Burial, 23th Sept

Undertaker, Henry Brice

Place of Business, Howard St 81

Address,

H. Ricketts *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Regulations Below, and to Date of Decease on Each.

Board of Health, City of Baltimore.

Permit No. 7891 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 22 1884

CERTIFICATE OF DEATH.

Date of Death, Sept. 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie H. Boston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 13 Constitution St.

Cause of Death, First (Primary), Puerperal Eclampsia

Second (Immediate),

Duration of Last Sickness, 14 Hours.

the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 22nd of Sept 1884

Undertaker Mr. C. L. Weber

Place of Business, 60 Guilford Ave *Address,* 283 N. Eden St

E. B. Fenby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 78392 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Wyse

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 101 Stirling St.

Cause of Death, First (Primary), Abscess about the Rectum

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, Sept 22

Undertaker, Hughes & Co

Place of Business, 60 E Balto St *Address,* 283 N. Eden St.

E. B. Fenby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 8393 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Aiut Nelson
Nelson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months.* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1068 Pine St

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Trinity C

Date of Burial, Sept 22 d

Undertaker, W. Leiffert

Place of Business,

E. Jordan, *M. D.*
Medical Attendant.

Address, 63 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78394

OFFICE OF REGISTRAR OF VITAL STATISTICS. 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Miles

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ 1 *Months,* 12 ~~11~~ *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 69 Davis St

Cause of Death, {First (Primary,) Diarrhoea

Second (Immediate,) Two children but once

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 22nd 1884

{*Undertaker,* Wm. N. Smyser

Place of Business, 1062 East St

Thos J Warne M. D.

Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18395 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 21 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Heinrich

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, Since June 21. 1884

Place of Death, {Give Street and Number.} 199 Montgomery St

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, ...

Undertaker, Joseph Gawler

Place of Business, No 1726 Pa Ave Washington D.C.

Address, 1469 Caroline St

by Theodore Cole M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3408

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Cooper

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 70 (?) *Years,* *Months,* *Days.*

Color, Colored (Black)

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 7 Lardner's alley

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Apoplexy (?) (over) Two days

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Harford Co. Md.

Date of Burial, Sept 21st 1884

Undertaker, Wm. James Gray

Place of Business, 65 Madison St

Eugene Hodell M. D.
Medical Attendant.

Address, 125 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18397 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick C. A. Erichsen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 2 hours ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 19 Park Ave

Cause of Death, First (Primary), Prematur Birth

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 22nd 1884

Geo. B. Reynolds M. D.
Medical Attendant.

Undertaker,

Place of Business, Address, 171 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

78398 20817

Health Department, City of Baltimore.

Permit No. 20817 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 22 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 20 / 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm & Anna Rogers Twins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months.* 1/4 hour *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 57 Brook st

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Sept 22 84

Undertaker, B. Hale

Place of Business, 82 West St

James H. Chew M. D.

~~Medical Attendant~~

Address, Cumb Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Emanuel Weinman

Board of Health, City of Baltimore,

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 22 1884 BALTIMORE, MD.

Permit No. 18399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st September 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 172 E Lombard St

Cause of Death, First (Primary,) Ossification of Heart Valves

Second (Immediate,) Asthenia

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 28th 1884

Wm H Dissenderffer M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address* 140 Bolton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...he Special Attention of Physicians is respectfully invited to ...

Board of Health, City of Baltimore,

Permit No. 78400 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept. 21st 84.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Conrad Steinzeit

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 22 *Years,* 11 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~ { Cross out the word not required in this line. }

Occupation Tanner

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 24 Y 12nd St

Cause of Death. { First (Primary), Malarial Fever

Second (Immediate), 14 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial Sept. 23d 1884

Undertaker Adam Fink

Place of Business, 461 N. Gay St. *Address,* 36 Greenmount Ave

P. M. Hunter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7801 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Albert King

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 6 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 2 Fayette St Court

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 21 Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Sept 22nd 84

Undertaker, G. Brauer

Place of Business, Danl P. Wolfe Jno Address, 137 [illegible]

D D Gue M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78402 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Weblee Weber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Malta

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 213 Westmore St

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 22d 1884

Undertaker, J. M. Leonard & Son

Place of Business, 782 W. Balto St

Geo Colee M. D.
Medical Attendant.

Address, 462 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 78403 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Barber

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* " *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick County Md.

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give Street and Number.} 720 N. Paca St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Convulsions

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, Sept 22 84

Undertaker, J B Cook

Place of Business, 707 W Balto St *Address,*

J. G. Smithson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 18404 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 22 1884

CERTIFICATE OF DEATH.

Date of Death, Sept. 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant L. Bonner Parents do

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, 1 Months. 8, Days

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 67 Mason L. Market Space.

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 23 84

Undertaker, W. F. Dunn

Place of Business,

John E. Dunning M. D.
~~Medical Attendant.~~
Surgeon

Address, Surgeon

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E Dunning Inspector

Board of Health, City of Baltimore.

Permit No. 78405 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 21 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Howard Busick

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltime City whole life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 241 Chew st

Cause of Death, First (Primary), Congestion Liver

Second (Immediate), 3 day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto City

Date of Burial, Sept 23/84

Undertaker, Fry & Son

Place of Business, 61 N Broadway *Address,* 145 Aisquith st

S. F. Coyman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Special Attention of Physicians is respectfully invited to the ...

Health Department, City of Baltimore.

Permit No. 18406 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 22 1884

CERTIFICATE OF DEATH.

Date of Death, September 21 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan L. Levering

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* ... *Months,* ... *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 409 Eutaw Place

Cause of Death, First (Primary), ...

Second (Immediate), Cancer Stomach

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 23d 1884

Undertaker, Wm. O'Neaver

Place of Business, No 202 N. Eutaw St *Address,* 234 Lanvale St

A. J. Bell M. D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18407 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 21st 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Carr

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Eleven *Years,* ~~Months.~~ ~~Days~~

Color, Brown

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give Street and Number.} 79 Chestnut-al

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, Sept 23 84

Undertaker, A. J. Hemsley

Place of Business,

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8408 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 21st, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna L. Kirkwood

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* ..... *Months.* ..... *Days*

Color, White,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Boye

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 223 E Chew St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Ex Laus tion

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 25-84

Undertaker, Hug & Bro

Place of Business, 9 & Broadway

G. G. Luck M. D.
Medical Attendant.

Address, Balto & Gay Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 18409 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 19/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Keuh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* ..... *Months.* ..... *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give Street and Number.} 43 China St

Cause of Death, First (Primary), ...

Second (Immediate), Gastro Enteritis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 23

Undertaker, H Ross

Place of Business, 95 Conway St

Jno D Blake M. D.
Medical Attendant.

Address, 158 Race St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 7840 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magaret Dickerson
margaret

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Wash woman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give Street and Number.} 92 Lexington St

Cause of Death, First (Primary), ...
Second (Immediate), Dropsy

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 23

Undertaker, H. Ross

Place of Business, 15 Lombard St

E. Anderson M. D.
Medical Attendant.

Address, 158 E Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18411

Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd, '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Goebel / Sister Mary Casimira

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Retired Sister Notre Dame

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give Street and Number.} Convent de Notre Dame Aisquith or

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery

Date of Burial, Sept 25th

Undertaker, Adam Fink

Place of Business, 461 W Gay St / *Address,* S.W. Cor 11 Read

John Fickinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 18212 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

SEP 23 1884

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amanda C. Brundt

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 36 yrs *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, { Give street and Number. } Cor Sharp & Lower St

Cause of Death, First, (Primary,) Cerebral abscess —

Second, (Immediate,) Paralysis of Respiratory Tract.

Duration of Last Sickness, several months —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sep 23rd 1884

Undertaker, Ernst Schlosnas

Place of Business, 181 Sharp St

Geo. Krauss M. D., Medical Attendant.

Address, 266 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 78413

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 23 1884

CERTIFICATE OF DEATH.

Date of Death, 22 September

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Downing

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 55 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, {Give street and number} 139 S. High

Cause of Death { First, (Primary,) Pneumonia / Second, (Immediate,) Asthenia

Duration of last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia

Date of Burial, Sept 23 1884

Undertaker, Jas O Byrne

Place of Business, 63 Smith

J. H. P. Bates M. D.
Medical Attendant.

Address, 1½ S. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 78414

Office of Registrar of Vital Statistics. 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 21st 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Barbara Staum

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 67 *Years,* 8 *Months,* 18 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City Cincinnatti

Duration of Residence in the City of Baltimore, [redacted] since 17 years old

Place of Death, { Give street and number. } N 636 N Lombard

Cause of Death, First, (Primary.) Cerebral Paralysis

Second, (Immediate.)

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 24th 1884

Undertaker, F. Lewis Schaefer

Place of Business, 109 N. Fremont *Address,* 1114 N Paca St

James A Mitage M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 78415 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 25 1884

CERTIFICATE OF DEATH.

Date of Death, Feby 22nd 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa M Collins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* 3 *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, {Give Street and Number.} 104 St Peters St

Cause of Death, First (Primary), Asthma

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feby 24th 84

Undertaker, H Lewis Schaefer

Place of Business, 194 Fremont

I H Emmet *M. D.*
Medical Attendant.

Address, 76 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 7846

Office of Registrar of Vital Statistics. 10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

SEP 23 1884
BALTIMORE, MD.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 22. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Rile

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Carroll County Md

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} 138 N Belmont Av.

Cause of Death, First, (Primary.) Senile decay

Second, (Immediate.) Oedema.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westminster Md

Date of Burial, Sept 23d 1884 Maburry Brown *M.D.,*
Medical Attendant.

Undertaker, F. Lucas Schaefer

Place of Business, 1096 Fremont Address, 68 N. Arch St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

34/10

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 8417 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 20th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev. William H. H. Woodey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} M

Age, 28 *Years,* 1 *Months.* 27 *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} M

Occupation, Preacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1604 S. Caroline St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, Five months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, September 23rd

Undertaker, Thos. J. Locks

Place of Business, 73 E. Jefferson *Address,* 207 S. Broadway

Nicholas L. Bassett, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78418 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 21, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ensley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 1114½ Register

Cause of Death, First (Primary), ...

Second (Immediate) Cholera Infantum

Duration of Last Sickness, 2nd Day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Sept 23rd 84

Undertaker, G. Frank

Place of Business, Frank & Wolfe *Address,* 243 Bank St

D. Ingold *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 18419 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 28 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maternity Hospital

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 57 St Paul St

Cause of Death, First (Primary), Change of food

Second (Immediate), Diarrhea

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept 23/83

Undertaker Gerkinehart

Place of Business,

Thos. J. Ward M. D.
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 78420 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

SEP 23 1884

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 22nd 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph T Brown

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 28 *Years,* *Months.* *Days,*

Color, Col.

Married, ~~Single Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Coachman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 71 Hostess Avenue

Cause of Death. First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 3 mo.

All the above info mation should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 25 1884

Undertaker W. F. Chase

Place of Business, 98 Howard St

B. S. Titcomb, M. D.
Medical Attendant.

Address, 616 W. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 78421 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 23 1884

CERTIFICATE OF DEATH.

Date of Death, Monday, September 22nd 1884. 6. P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Hack

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 63 — *Years,* — *Months,* — *Days,*

Color, Black

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Northampton Virginia

Duration of Residence in the City of Baltimore, 2 years & 6 months

Place of Death, {Give street and Number.} 102 Chestnut ave

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, About 18 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Sept 24th 1884

Undertaker Chas. W. Chase

Place of Business, 198 S. Howard *Address,* Homeopathic Dispensary

F. B. Micklé M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice; to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 18422 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

SEP 23 1884

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 21/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months.* 21 *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), Cholera Infantum.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept. 23/84

Undertaker, Frank McVeigh

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Aisquith & Eager

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 78423 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 23 1884

CERTIFICATE OF DEATH.

Date of Death, Sept. 21/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Max.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days*

Color, White —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept. 22/84.

Undertaker, Frank Mc Veigh

Place of Business, Division & Fremont

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem nr. Biltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 18424 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 23 1884

B

CERTIFICATE OF DEATH.

Date of Death, Sept 22d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Sussman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months.* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Peddler

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} Broad Alley near Lloyd St

Cause of Death, First (Primary), Phthisis Pneumonia

Second (Immediate), Obstruction of Pyloro Intestine

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, Sept. 23rd 1884

Undertaker, Mrs. Eliason

Place of Business, 101 Gough St *Address,* 346 S Bond St

S. L. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78425 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa A Doyle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* ——— *Months.* ——— *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~City~~ Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 418 Scott

Cause of Death, First (Primary),

Second (Immediate), Pelvic Abcess

Duration of Last Sickness, 2½ Mos

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Sept 24/1884

Undertaker, Chas F Evans

Place of Business, 2637 Pitt

Jno A Blake M. D.
Medical Attendant.

Address, 138 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18426 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael O'Rourke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 266 Battery ave

Cause of Death, First (Primary), Croupous Diphtheria

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 23rd 1884

Undertaker, Daniel Glynn

Place of Business, 109 West St

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks [illegible] of this certificate.

Health Department, City of Baltimore.

Permit No. 8427 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 22 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Bailey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 25 Yrs

Place of Death, {Give Street and Number.} 11 Caste St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 23d 1884

Undertaker, Wm W. Madden

Place of Business, No 46 East St

H. H. Luck M. D.
Medical Attendant.

Address, Balt. & Paca Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore, 10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

SEP 23 1904

BALTIMORE

Permit No. 18428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 22 1904

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Nason

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 67 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Mass.

Duration of Residence in the City of Baltimore, forty years

Place of Death, {Give street and number} 171 Saratoga St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Potter's Field

Date of Burial, Sept 24th 1904

James F Tucker M. D.
Medical Attendant.

Undertaker, F. Lewis Schaub

Place of Business, 1096 Fremont *Address,* 18 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7142 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 23 94

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Voukoff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 79 *Years,* W. *Months.* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 65 S. Bethel

Cause of Death, First (Primary), Consumption

Second (Immediate), Asthenia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Sept 24

Undertaker, Wendell Dyer

Place of Business,

G. L. Winter M. D.
Medical Attendant.

Address, 7 S. Bethel

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78430 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Sept 22 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hannah Tirevic

Sex, Male or Female, { Cross out the word not required in this line. } Female Tirevic

Age, 6 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Russia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and Number. } 77 York St

Cause of Death, First (Primary), Tuberculosis of Lungs

Second (Immediate).

Duration of Last Sickness, 12 months

the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cem

Date of Burial, Sept 25th 1884

Undertaker Wm Dilan

Place of Business, 101 Gough St *Address,*

E H Arnold *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18431 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert B. Godwin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 8 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Hack Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 117 N. Central Ave

Cause of Death, First (Primary), Scrofula

Second (Immediate), Bright's Disease

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 24th 84

Undertaker, Mc Innis

Place of Business, 1 x 3 Bloomer

Francis A. Sauer M. D.
Medical Attendant.

Address, 205 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 18432 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 22d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Stinie (2d child of Parents)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 9 N. Ballast st

Cause of Death,
First (Primary),
Second (Immediate), Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel County,

Date of Burial, Sept 24/84

Undertaker, W. H. Dungee

Place of Business,

James A Steuart M. D.
~~Medical Attendant.~~

Address, Camp & Penn

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Emanuel Weinman,

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to those on the Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78483 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September twenty third

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Fralis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Seventeen *Years,* three *Months.* *Days*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Seventeen Years

Place of Death, {Give Street and Number.} # 8 Curley St Balto. and

Cause of Death, First (Primary), Brights disease

Socond (Immediate), Pleurisy

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Sept 24th 1884

Undertaker, Dunn & Mitchell

Place of Business, 65 S Broadway *Address,* #516 Abbott Place

H. Sheldon Warren M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 18484 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Barnes
mary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 27 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 27 days

Place of Death, {Give Street and Number.} 5th Rose Wood Alley

Cause of Death,
First (Primary),
Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, Sept 24 / 1884

Undertaker, H Ross

Place of Business, 95 County

L A Beel M. D.
Medical Attendant.

Address, 101 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully [illegible] of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78785 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 23d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Clark

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Dead

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 81 Harmony lane

Cause of death, [redacted] (Primary,) General Dropsy

Second, (Immediate,)

Duration of Last Sickness, about 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Sept 24th 1884

Undertaker, Jas R Lord

Place of Business, No 707 W Baltimore

B. R McShane M. D.,
Medical Attendant.

Address, 582 N Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible] of this Certificate.

Health Department, City of Baltimore.

Permit No. 18436 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Swain

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 20 *Years,* 4 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Telegraph Operator

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 23 N Monroe St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cemetery

Date of Burial, Sept 25th 1884

Undertaker, Jas R Cook

Place of Business, No 707 W Baltimore St

James Bosley M. D.
Medical Attendant.

Address, 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi

Health Department, City of Baltimore.

Permit No. 18437 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 24 1884

CERTIFICATE OF DEATH.

Date of Death, 24 Sept. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Edith Howard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} V

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Zanesville Ohio

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give Street and Number.} 209 Hollins St.

Cause of Death, First (Primary) Marked Disturbance of Heart action, probably from Duodenal Ulcer.

Second (Immediate), Collapse from Intestinal Hemorrhage

Duration of Last Sickness, about 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Sept 25th 1884

Undertaker, Jas B Cook

Place of Business, No 707 W Baltimore

B F Leonard M. D.
Medical Attendant.

Address, 314 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the pe the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18438 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 24 1884 BALTIMORE

Date of Death, Sept 23 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ruff

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 9 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, 12 years P.M.

Place of Death, {Give Street and Number.} Univ Hospital

Cause of Death, First (Primary), Gravel in bladder

Second (Immediate), Uraemia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Sept 25/84

Undertaker, W. Duffield

Place of Business,

J. R. Trimble M. D.
Medical Attendant.

Address, Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Ward 12

Permit No. 18439 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 24 1884

CERTIFICATE OF DEATH.

B

Date of Death, Sept 23 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie L Moale

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 44 Years, Months, Days,

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Nun

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Savannah Georgia

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and Number.} 116 Lanvale St

Cause of Death. First (Primary). Nephritis ~~Chronic~~

Second (Immediate). Exhaustion + Effusions

Duration of Last Sickness, about 5 weeks

the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 25th Sept 1884

Undertaker H W Jenkins & Son

Place of Business, Park & Saratoga Address,

Chas A Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to that of Duplicate on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78440 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace McCann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5½ *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maternite

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Hospital

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate,) Enteritis

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial Fowlers Mark

Date of Burial. Sept 24

Undertaker, Geo. H. Bush

Place of Business, 1201 Pine Street

Thos. S. Latimer M. D.,
Medical Attendant,
Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18441 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 21 1884

CERTIFICATE OF DEATH.

Date of Death, Sept. 23d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stewart Adams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 9 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Marys Co. Md.

Duration of Residence in the City of Baltimore, Three years.

Place of Death, {Give Street and Number.} No. 111 Dover St.

Cause of Death, First (Primary), Diptheria

Second (Immediate), ...

Duration of Last Sickness, 6 Day.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery.

Date of Burial, Sept 24. 84

Undertaker, Georges Leimbach.

Place of Business, 389 W. Pratt

Smith Elderdice M. D.
Medical Attendant.

Address, Co. Columbia Ave. & Fremont R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

Board of Health, City of Baltimore, 2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 24 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 22, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Fries

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 10 *Days.* 29

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 142 S. Wolfe St

Cause of Death, First (Primary,) Tuberculas Laryngitis

Second (Immediate,)

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Trinity St. Cem

Date of Burial, Septr 24th 84

Hiram Woods *M. D.*
Medical Attendant.

Undertaker, Geo. Saunders & Son

Place of Business, 252 Canton Ave *Address* 89 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

2

Permit No. 78443 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 22/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Belz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* ..... *Months.* ..... *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give Street and Number.} 215 S. Dover St.

Cause of Death, First (Primary), Typhus - Malarial

Second (Immediate), ...

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Septbr 24 1884

Undertaker, Wm Saunders & Son

Place of Business, 252 Canton Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78444 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 23 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederica Huizgen (Huegen)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* 11 *Months,* 4 *Days,*

Color,

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} 52 N Calvert st.

Cause of Death, First (Primary), Bright's disease of kidneys

Second (Immediate), Asthenia

Duration of Last Sickness, 7 months

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sep. 24. 1884

Undertaker H. A. Daiger

Place of Business, 74 S. Bway

Stillwell M. D.
Medical Attendant.

Address 938 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18445 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Clifton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 1 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ct

Duration of Residence in the City of Baltimore, 5 Y. 3 M.

Place of Death, {Give Street and Number.} 36 Clifford St

Cause of Death,
First (Primary),
Second (Immediate), Diphtheria (Malignant)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem'y

Date of Burial, Sept 25th 1884

Undertaker, Geo Lonnstadt

Place of Business, 389 W Balto St

Wm D Blake M. D.
Medical Attendant.

Address, 108 Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78446 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Conroy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Syracuse N Y

Duration of Residence in the City of Baltimore, Died 1½ hours

Place of Death, {Give Street and Number.} Univ Hospital

Cause of Death,
First (Primary), Crushed by earth bank.
~~Accident~~
Second (Immediate), Shock. Falling body

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Cem N Y

Date of Burial, Sept 25

Undertaker, H B Cook

Place of Business, 704 W Baltimore St

J R Trimble M. D.
Medical Attendant.

Address, Univ Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3411

[over.]

Board of Health, City of Baltimore, 4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ..., to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., if requested so to do, under penalty of law.

SEP 24 1884

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 23, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Bonhage

Sex, Male or Female, {cross out the word not required in this line.} male,

Age, 3 *Years,* 6 *Months,* 3 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 30 E. Baltimore St.

Cause of Death {First, (Primary,) Membranous Croup

{Second, (Immediate,)

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Lutheran Cemetery

Date of Burial, Sept 24th

Undertaker, Geo. Schilling

Place of Business,

J. W. P. Bales M. D.
Medical Attendant.

Address, 1½ d. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 78448 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 24 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 22d 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Williams.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} ~~Female~~

Age, abt 30 or 32 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation, Chambermaid

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 15 Dover alley

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Apnoea or Asthenia

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cem

Date of Burial, Sept 24th 1884

Undertaker, Wm Jas Gray

Place of Business, 66 Mulberry *Address,* 146 Park ave

Robt J. Wilson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78449 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 24 1884

CERTIFICATE OF DEATH.

Date of Death, Sept. 23d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Goothardt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waldsman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give Street and Number.} 255 William St.

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Sep 25 1884

Undertaker, John Kenny

Place of Business, 382 Orleans

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Shar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78450 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 23 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa W. Elizabeth Wallace Pinard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1/24 *Days*

Color, c w

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 125 S Bethel St.

Cause of Death, First (Primary), ...

Second (Immediate), As Phyxia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemty

Date of Burial, Sept 25 84

Undertaker, F. J. Locke

Place of Business, ...

J Thomas Ellis M. D.

~~Medical Attendant~~

Address, Camp & Hanover S. R.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 10 of Blank of this Certificate.

Health Department, City of Baltimore.

Permit No. 7845 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 24 1884

2

CERTIFICATE OF DEATH.

Date of Death, Sept 23d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Staudel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* ——— *Months.* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give Street and Number.} 23 Shakspear st

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, E. Balt Public

Date of Burial, Sept 24/84

Undertaker, Geo Rinehart

Place of Business,

Samuel Theobald, M. D.

~~Medical Attendant.~~

Address, Biddle & Pine

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Emanuel Weinman

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78452 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Ciderwich Poland

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 26 *Years,* — *Months.* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, works with R. R. & O. R. R.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, about 8 months

Place of Death, {Give Street and Number.} 85 Eoppleton

Cause of Death, First (Primary), Don't Know how met

Second (Immediate), Sept 25 '84 4 investigation

Duration of Last Sickness, afew minutes

All the above information should be furnished by the Physician.

Place of Burial, western cemetery

Date of Burial, Sept 24th 1884

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore St

Wm A. Jamison M. D.

~~Medical Attendant.~~ Coroner

Address, 320 Hollins St City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78463 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 24th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Goss

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* —— *Months,* 7 *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 75 Leadenhall St

Cause of Death, First (Primary), Peritonitis

Second (Immediate),

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 26 th 1884

Undertaker, W. W. Inadden

Place of Business, 442 East St

Julius F Hall M. D.

Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78454 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 24-1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Krull

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* four *Months.* twentyone *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, thirtytwo years

Place of Death, {Give Street and Number.} N. W. Cor. Eagle and Sterling st.

Cause of Death, First (Primary), Congestive Billious fever

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Sept 27 1884

Undertaker, Henry Stocks

Place of Business, 209 N Eutaw *Address,* 325 E. Baltimore

P. G. Daub M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78455 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 25 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. Somerville

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 25 *Years,* ——— *Months,* ——— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} 22 Penn Alley

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Typhoid Malarial Fever 5 weeks

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem.

Date of Burial, Sept 25th 1884

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

J. A. Gillis M. D.
Medical Attendant.

Address, 150 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

12

Permit No. 78456 *Office of Registrar of Vital Statistics.* Ward XII

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 23d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Martins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, Twenty three years

Place of Death, {Give Street and Number.} 293 Park Avenue

Cause of Death, First (Primary), Paralysis

Second (Immediate), Same

Duration of Last Sickness, Three years or longer

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept. 25th 1884

Undertaker, W. H. Jenkins & Son

Place of Business, Park & Saratoga sts. *Address,* 38 Mount Vernon Place

Jno. Lloyd Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7845

Office of Registrar of Vital Statistics. 16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 23 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Warfield

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, Col'd

~~*Married,*~~ *Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 1 Dawson Al

Cause of Death, First, (Primary.)

Second, (Immediate.) Pul. Consumption

Duration of Last Sickness, 2 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, 24 Sept 1884

Undertaker, ~~Mr.~~ Hughs & Co.

Place of Business, ~~Harrison~~ 60 E Balto St

R. C. Smith M.D.,

Medical Attendant.

Address, 106 Columbia Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18458 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 25

CERTIFICATE OF DEATH.

Date of Death, Sept 24 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna C. Dutousch

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 128 Mulberry

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 26 1884

Undertaker, C. Rosenberger

Place of Business, 70 Mulberry St

F. E. Chatard M. D.,
Medical Attendant.

Address, 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78459 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 25 1884

B

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Clark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 99 South Collington Avenue

Cause of Death, First (Primary), Weak constitution

Second (Immediate), Extreme exhaustion

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Sept 27/1884

Undertaker, Denny & Mitchell

Place of Business, 651 Broadway

Milton A Taylor M. D.
Medical Attendant.

Address, 138 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18468 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 25 1884

CERTIFICATE OF DEATH.

Date of Death, 23d September 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Beuens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 5 Months, 23 Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 280 Hamburg St.

Cause of Death, First (Primary), Diarrhea

Second (Immediate), Meningitis et Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Hope Cemetery

Date of Burial, Sept 26th 1884

Undertaker, Saml W Chase

Place of Business, 198 S. Howard St. *Address,* 146 Hill St.

L. D. Dyer M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 11401 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lindhurst

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1½ *Months,* ..... *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ~~—~~ ✓

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child's Home

Cause of Death, First, (Primary,) Congenital Debleness

Second, (Immediate,) Mal- Nutrition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial. Sept 25th 1884

Undertaker, Peter Frey

Place of Business, 91 Eutaw Av.

Thos. S. Latimer M. D.,
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78462 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Stoffan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 35 *Years,* — *Months,* ✓ *Days,*

Color, White

Married, ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 4 So Pappleton st

Cause of death, First, (Primary,) Phthesis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Sep 27th 1884

Undertaker, J. B. Cook

Place of Business, 707 W. Balto.

Robt W Mifflin M. D.,
Medical Attendant.

Address, No 188 Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18463 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th September 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L Page

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 1 *Months,* — *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 4 Lambert Street

Cause of Death, First (Primary), ~~Disorder~~ Inanition

Second (Immediate),

Duration of Last Sickness, two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 25/84

Undertaker, Chas. L. Scriven

Place of Business, 27 N. Eutaw *Address,*

A. T. Rice *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18764 *Office of Registrar of Vital Statistics.* Ward K

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 - 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Ridgly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 *Years,* — *Months,* — *Days,*

Color, Black

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ { Cross out the word not required in this line. } Married

Occupation, Drayman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Howard Co. Md.

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, { Give street and Number. } 331 Hoffman st

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Endo. Carditis & Nephritis

Duration of Last Sickness, 2 years

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 26 1884

Undertaker, Abt Hendley

Place of Business, —

Jas. E. Gibbons M. D.,
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78463 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johana Schwinka

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 24 *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} [redacted] Baltr.

Duration of Residence in the City of Baltimore, [redacted]

Place of Death, {Give street and Number.} 135 Canton Al

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, Born delicate.

All the above information should be furnished by the Physician.

Place of Burial, St Michaels

Date of Burial, 25 Sept 1884

Undertaker, John L. Young

Place of Business, 265 Aliceanna

E. W. Janney M. D.,
Medical Attendant.

Address, 85 Canton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78466 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22-84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonio Gutman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} Univ Hospital

Cause of Death, First (Primary), Phthisis

Second (Immediate), acute Tuberculosis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemty

Date of Burial, Sept 24 / 1884

Undertaker, Fred A Kirchner

Place of Business, 129 Arlington ave

W R Trimble M. D.
Medical Attendant.

Address, Univ Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78467 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Gallegan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 2 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1 Pear Alley

Cause of Death, First (Primary), Marasmus.

Second (Immediate), "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemty

Date of Burial, Sept 24 1884

Undertaker, Fred A Kirchner

Place of Business, 129 Arlington Ave

L A Bell M. D.

~~Medical Attendant.~~ Coroner

Address, 161 Sw Pleasant Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Burial No. [illegible] No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78468 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 25 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 23 / 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thirty Daveru

Sex, Male or Female, { Cross out the word not required in this line. } M

Age, 20 *Years,* — *Months,* — *Days,*

Color, Colrd

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, { Give street and Number. } City Hospital

Cause of Death, { First, (Primary,) Pneumonia / Second, (Immediate,) Ex Phthisis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 25 1884

Undertaker, Jas A Byrne

Place of Business, 65 Fleet

R. B. Watkins M. D., Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7846

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7846 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 25 1884

12

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Cassidy

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, white

~~*Married, Single,* Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Home

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and Number.} 208 North Hill Av

Cause of Death, First (Primary), Pneumonia

Second (Immediate), General Worn failure of vital forces and senility

Duration of Last Sickness, about 4 months

the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Sept 27th 1884

Undertaker Henry W. Mears

Place of Business, 415 W Fay St

Chas A'Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Report below, and to the Table of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78470 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis J Kaiser

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Line-Builder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} West Virginia

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} N. 157 Division St

Cause of Death, First (Primary), Pleuritis

Second (Immediate), Empyema & Phthisis

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 27th 1884

Undertaker, Henry F Mears

Place of Business, 45 N Gay St

Henry Salzer M. D.
Medical Attendant.

Address, 169 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7847 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Liliana Krug (Herzog)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months.* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 487 Aliceanna St

Cause of Death, First (Primary), Bronchitis

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, September 26/84

Undertaker, H. C. Sanders & Son

Place of Business, 252 Baltimore *Address,* 83 Eutaw St

E. D. Lewis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18472 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 24 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 88 Burgundy Alley

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy.

Date of Burial, Sept 25 84

Undertaker, I. H. Rose.

Place of Business,

[signature] M. D.

~~Medical Attendant.~~

Address, Cumb Road

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry [illegible] Reuben [OVER.]

Sanitary Inspector

No. 78473

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78473 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 24th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Kintzeler

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation House-work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and Number.} 250 Alicel St

Cause of Death, First (Primary), Insufficientia mitralis

Second (Immediate), Hydrop — Heart

Duration of Last Sickness, 6 mo 12

the above information should be furnished by the Physician.

Place of Burial, 5th Reformt Cemtry

Date of Burial, Sept. 26th 1884

Undertaker Wm Nicolaus

Place of Business, 258 Alice Ann *Address*

Mellen Authier M. D.

24 — 1 Dr 40 mo

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 15

Office of Registrar of Vital Statistics.

Permit No. 78474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 25th at one o'clock a. m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Delcher

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* 4 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Child

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 11 Walker St.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 11 Walker St.

Cause of Death {First, (Primary,) Typhoid Fever

Second, (Immediate,) Ulceration of Bowles

Duration of last Sickness, 12 days but 2 Could not have been in the early stage of the disease

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 26th

C. C. Richardson M. D.
Medical Attendant.

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St. *Address,* Lombard & Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78475 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward S. Daily

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 144 West St.

Cause of Death, First (Primary), Cleft Palate

Second (Immediate), Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Sept 26th 1884

Undertaker, Daniel Flynn

Place of Business, 109 West St

R. J. N. Tall M. D.
Medical Attendant.

Address, 153 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8476 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Septem. 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hamm

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Nil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 23 yrs.

Place of Death, {Give Street and Number.} 198 E. Madison

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Peritonitis

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemet

Date of Burial, Sept 26th 1884

Undertaker, Armistead Sons

Place of Business, Armistead Sons

H. Streett M. D.

Medical Attendant.

Address, 149 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

P... ...rials, to the Office whence issued, Saturday of each ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18477 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 25, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Feuerschön

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~ Male

Age, 5 *Years,* 6 *Months,* — *Days,*

Color, German

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany (Hanover)

Duration of Residence in the City of Baltimore, 1 yr. 6 mo.

Place of Death, {Give street and Number.} 221 S Wolfe St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia acute

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, 1st German Evangl Cemy

Date of Burial, Sept. 26th 1884

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Anne

J. V. Gosmiller M.D. M. D.,
Medical Attendant.

Address, 96 S Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7878 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 8 P.M. 20 min

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Had not been named

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months.* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, XXX

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 105 N. Wolfe Street

Cause of Death, First (Primary), Imperfect Development of Lungs

Second (Immediate),

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sep 26/84

Undertaker, Fry & Son

Place of Business, 410 Broadway

Samuel E. Dimmitt M. D.
Medical Attendant.

Address, 297 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permits for Burials ... Issued Daily

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18479 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 25. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lelia Findley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* 4 *Months,* *Days*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 96 Frederick Ave.

Cause of Death, First (Primary), Injury from a Fall

Second (Immediate), Cerebro Spinal Meningitis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 28/84

Undertaker, John Paulus

Place of Business,

J. G. Linthicum M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 78480

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78480 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th. September 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Auguste Seifert

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Brandt, Saxonia, Germany

Duration of Residence in the City of Baltimore, 12 years.

Place of Death, {Give street and Number.} E. Biddle street 18 c. Broadway

Cause of Death, First (Primary), Malaria Typhosa

Second (Immediate),

Duration of Last Sickness, 9 days.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sep 26 1884 William Henkel M. D.

Medical Attendant.

Undertaker John Heneberger

Place of Business, 382 Orleans St. *Address,* S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 78481

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78481 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Zelek Icick Zlotower, Son of {Jank. ief & Zlotower / Ruchla Lajs Allen}

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 16 *Years,* 6 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prasnysz, Russian Poland

Duration of Residence in the City of Baltimore, 14 Years.

Place of Death, {Give Street and Number.} 301 N. Gay St.

Cause of Death, First (Primary), Tetanus

Second (Immediate), Exhaustion from Convulsion, Ect. Ed.

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Wilmer Smith, M. D.
Medical Attendant.

Address, Chas St. & Fort Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

See following Certificate

No. 78481

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78481 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday Sept 20th. "84"

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Selig Goldman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 16 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Lifetime~~ Balto.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 301 N. Gay St.

Cause of Death,

First (Primary), Tetanus Resulting from a wound in the hand received from a toy pistol 24 days previous to death.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Zell Point H. Cemetery

Date of Burial, September 26

Undertaker, Jacob Threes

Place of Business, 31 N. High St *Address,* Forrest Place & Saul St.

Wilmer Brinton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18482 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 / 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Thomas Boone

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 64 Courtland St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Old Olivet Cemetery

Date of Burial, Sept 26th 1884

Undertaker, John S. Mascher

Place of Business, No 150 Camden *Address,* 23 [illegible]

J. H. Sultan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 78483

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78483 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 25th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William McKew.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* ..... *Months.* ..... *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} County Galway, Ireland.

Duration of Residence in the City of Baltimore, about 40 years.

Place of Death, {Give Street and Number.} 128 Marshall Av.

Cause of Death, First (Primary), ...

Second (Immediate), Apoplexy.

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept 28th 1884

R. J. N. Tall M. D.
Medical Attendant.

Undertaker, C. F. Knauer & Son

Place of Business, ... *Address,* 152 S. Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit for Burials, to the Office whence issued

No. 78484

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78484 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Sept. 24th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Pierce

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 67 China St.

Cause of Death, First (Primary),

Second (Immediate), Typho-Malarial Fever 25 days

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 26 1884

Undertaker H. Voss

Place of Business, 85 Conway

A. M. Call M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials

No. 18485

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18485 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Wednesday Sept 24th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Holmes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give Street and Number.} 28 N Eighteen St.

Cause of Death, First (Primary), Chronic Bronchitis complicate with acute Pleuro Pneumonia of left lung

Second (Immediate), Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 27th

Undertaker, H. C. Wildefeld

Place of Business, 9 Greenmount Ave

Wilmer Brinton M. D.
Medical Attendant.

Address, 1 Forest Place Saw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

{ Keepers of Cemeteries in City of [illegible] issued Saturda[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18486 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Earl

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 74 *Years,* ..... *Months.* ..... *Days*

Color, col

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore. 72 Years

Place of Death, { Give Street and Number. } 223 Dover st

Cause of Death, { First (Primary), ... Second (Immediate), Old age

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 26 1884

Undertaker, A Boss

Place of Business, 27 Canton *Address,* 15-8 S Shuey Av

E. Smithson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will ...

Permits for Burial ...

No. 7848

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7848 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Dudley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months.* *Days*

Color, Blk.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 61 Rutter st

Cause of Death, First (Primary),

Second (Immediate), Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetary

Date of Burial, 11 o'clock 26

Undertaker, S. McShane

Place of Business, 711 E. Fayette

J. L. Wilkinson M. D.
Medical Attendant.

Address, Fayette & Penn

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of ...
Permits for Burial to the Commissioners ...

No. 78488

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78488 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 25. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernst Fritsch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 10 *Months,* ——— *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 420 Spring St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Spurious hydrocephalus

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 26th 1884

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker Wm. Weaver

Place of Business, No 202 N. Eutaw St *Address,* 305 S. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the Office whence issued, Saturday of each week. 78489

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78489 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Weaver

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 4 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give Street and Number.} 446 Forest

Cause of Death, First (Primary), ~~Child~~ Confinement

Second (Immediate), Puerperal Convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, September 28 Howard Cook M. D.

Undertaker, B. Myers Medical Attendant.

Place of Business, E. Wert St *Address,* 446 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Keepers of Cemeteries in City of Baltimore will [illegible]

No. 78490

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78490 *Office of Registrar of Vital Statistics.* **Ward** 17.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adelheit Eger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 42 *Years,* 8 *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and Number.} 14 Leboup

Cause of Death, First (Primary), Diphtheria Malignant

Second (Immediate), Prostration

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Sept. 27

Undertaker B. Hunt

Place of Business, 62 West St

Ed. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

[illegible] *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of [illegible] attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within [illegible] after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the [illegible]ld, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and [illegible] cases of births and deaths of illegitimate children.

[OVER.]

No. 78491

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78491 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel J. Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~ *Years,* 3 *Months,* 15 *Days*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 3½ Months

Place of Death, {Give Street and Number.} 710 ½ Eagle St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Sept 27 1884

Undertaker, Norwood Dem

Place of Business, 46 East St

S. L. Thurman M. D.
Medical Attendant.

Address, 30 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for ... to the Office whence issued ... of each.

No. 78492

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78492 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Abraham Harrison

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 86 *Years,* 9 *Months,* *Days,*

Color, white

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cork Ireland

Duration of Residence in the City of Baltimore, 40 Years.

Place of Death, {Give street and Number.} 25 East Chase St.

Cause of Death, First, (Primary,) Inflamation of Stomach

Second, (Immediate,) ~~4 days~~ Exhaustion —

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Sept. 26 1884

Undertaker, M. A. Daige.

Place of Business, 74 S. Bway

Jno Miller M. D.,
Medical Attendant.

Address, 179 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials issued by them. No. 18493

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18493 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Schnitzlein

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 Days

Place of Death, {Give Street and Number.} 8 Towson St.

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, McCannel

Date of Burial, Sept 26/84

Undertaker, M. Zander & Son

Place of Business,

James H Lewis M. D.
~~Medical Attendant~~

Address, Camp 26 & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Emanuel Weihman,

No. 18494

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18494 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Vincent Brus-

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 326 East Madison St.

Cause of Death, First, (Primary,) Marasmus -

Second, (Immediate,) Asthenia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cross Cemetery

Date of Burial, Sept 26th 1884

Undertaker, Henry Hoeck

Place of Business, 309 N. Eutaw St. *Address,* 179 E. Madison St

Irving Miller M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make return
Permits for Burials

No. 78495

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78495 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 23rd 1884

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Tillman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 3 Years.

Place of Death, {Give street and Number.} 155 N. Dallas St.

Cause of Death, First (Primary), Tetanus

Second (Immediate),

Duration of Last Sickness, 36 hours

the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Sept 27 1884

Undertaker Henry Hook

Place of Business, 309 N. Eutaw St. *Address,* 283 N. Eden St.

E. B. Fenby, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all ... Saturdays of each week. 78496

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78496 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 25th - 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick Bond.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days*

Color, Black —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give Street and Number.} 34 stockton alley -

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 4 months -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery -

Date of Burial, sept. 26/84.

Undertaker, A. J. Hennality

Place of Business,

R. H. Goldsmith M. D.
Medical Attendant.

Address, Baltimore, Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burial [illegible] of each week.

No. 78497

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78497 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Miear

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 38 *Years,* 10 *Months,* 15 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation Cabinet Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and Number.} 316 W. Pratt St

Cause of Death, First (Primary), Phthisis Pulmonum

Second (Immediate), Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, Sept 27th 1884

Undertaker Fred Gaede

Place of Business, 29 S. Caroline *Address,* 47 Conway St.

D. E. Lancey H. Barclay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 18498

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18498 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse H. Clark

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give Street and Number.} 224 W Lombard St

Cause of Death, First (Primary), the Kidney

Second (Immediate), Cirhosis of Liver & Bright's Disease of

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, Sept 26th 1884

Jesse C Hall M. D.
Medical Attendant.

Undertaker, Denny and Mitchell

Place of Business, 530 W Fayette St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all
Permits [illegible] No. 18499

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18499 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 25th 1864

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Henry Fletcher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 5 E Rayl St

Cause of Death, First (Primary), Peritonitis

Second (Immediate), ...

Duration of Last Sickness, about 12 days

All the above information should be furnished by the Physician.

Place of Burial, Christ Church

Date of Burial, Sept 26th 1864

Undertaker, Gurtler

Place of Business, 221 Hanover *Address,* Southern Dispensary

Silvius Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will take ... of all Permits for Burials, to the Office whence issued, Saturday of each week. 10 500

The Special Attention of Physicians is respectfully invited to the Remarks Below, and ... Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18500 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, September 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. L. Gallagher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months.* 1 *Days* 14

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, merchant (clerk)

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York city

Duration of Residence in the City of Baltimore, since infancy

Place of Death, {Give Street and Number.} N 170 W Fayette

Cause of Death, First (Primary), Bilateral Pneumonia

Second (Immediate), the same

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Sept 28th 1884

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St *Address,* 169 N Charles St

Henry Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 7850 Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 27 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Pasco

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 87 Richmond St.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 87 Richmond St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Apnoea

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 27 1884

Undertaker A Korenberger

Place of Business, 70 Mulberry St

Robt J. Wilson M. D., Medical Attendant.

Address, 146+152 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7852 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 27 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 25, 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Fisher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months.* 12 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Home See Child

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 19 Eastern Ave

Cause of Death, First (Primary), Run over by Dee

Second (Immediate), Wagon

Duration of Last Sickness, about 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 28 84

Undertaker, Chas Funk

Place of Business, 38 Bank St

No Attendance M. D.

Coroner ~~Medical Attendant.~~

Address, 326 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78503 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant unnamed, give names of parents.} James J. Watekins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and Number.} 98 Boston St.

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Rheumatism

Duration of Last Sickness, 2 Years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial September 28th

Undertaker, M. Funk

Place of Business, 35 Bank St.

W. L. Dashiell Jr. M. D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5054

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78504 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 27 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 26th Sept. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Dillehunt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltic. Co

Duration of Residence in the City of Baltimore, 2 yrs & 5 mos

Place of Death, {Give street and Number.} 24 Heath St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Sept 28/84

Undertaker, Chas. L. Scriven

Place of Business, 27 N. Eutaw

Wm J. Evans M. D.,
Medical Attendant.

Address, 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 7 3 0 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78305 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 26/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Dora Lloyd

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} M

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give Street and Number.} 157 S. Washington St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 6 Mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cemetery

Date of Burial, Sept 29th 1884

Undertaker, Lemmy & Mitchell

Place of Business, 65 S. Broadway *Address,* 52 to Broadway

P. A. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 78506 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 27 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 25th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brown

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~50~~ 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 30 Garrett Ave

Cause of death, First, (Primary,) .....

Second, (Immediate,) Congestion of Liver

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Sept 27th 1884

Undertaker, M. Eberhart & Son

Place of Business, 92 S. Ann

L. B. Facultz *M. D.,*

Medical Attendant.

Address, 361 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits for Burials No. 7507

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7507 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac & Henrietta Harden

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days*

Color, Col

Married, ~~*Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 27 Harmony Lane

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, West Balto Public

Date of Burial, Sept 27 84

Undertaker, F. A. Kerchner

Place of Business,

Samuel Adams M. D.

~~Medical Attendant~~

Address, Cor Fremont & Mt Rd

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. L. Roberts Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8308 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 27 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~John Laden~~ Sept: 26/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Laden -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months.* — *Days*

Color, White

~~*Married*~~, *Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto:

Duration of Residence in the City of Baltimore, Life:

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary), Ileo Colitis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept 28/ 1884

Undertaker, Frank Mc Veagh.

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem Av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1509 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 27 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Sept. 28/84

Undertaker, Frank McVeagh

Place of Business, Frisin & Trusend

R. He. Goldsmith M. D.
Medical Attendant.

Address, Harlem bet. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

FILM

No. 7 8 5 1 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7850 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 27 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 26. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Karas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 4 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 76 N Castle St.

Cause of Death, First (Primary), Dentition

Second (Immediate), ...

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, St Edwards in cemetery

Date of Burial, Sept 27

Undertaker Vincent Forst

Place of Business, Corner Jefferson and Castle st

J. Helerlberg, M. D.
Medical Attendant.

Address, 344 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1871 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 2, 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loyzie Edwards

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 5 *Years,* *Months,* *Days*

Color, b

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 30 Stemmers Valley

Cause of Death, First (Primary), 1. Dysentery

Second (Immediate), 2. 3.

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, September 8th 84

Undertaker, John C. Schuh

Place of Business, 945 Aliceanna *Address,* 67 W Baltimore

Chas. W. Wright M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7852 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin F. Henderson Henderson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charles Co Md.

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give Street and Number.} 193 Chesapeake St

Cause of Death, First (Primary), Brain Fever

Second (Immediate),

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Charles County Md.

Date of Burial, Sept 28th 84

Undertaker, G. France

Place of Business, 1 Gay & Wolfe

E. Williams M. D. Medical Attendant.

Address, 733 E Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3413

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78573 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 27 1884

CERTIFICATE OF DEATH.

Date of Death, Sept. 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred Lafferty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 92 Cambridge St.

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Sept 27th 84

Undertaker, G. France

Place of Business, Pant & Wolfe Address 343 Broadway

Geo. W. Cole, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8574 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 27 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Parks Bennett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 324 N. Broadway

Cause of Death, First (Primary), Heart disease

Second (Immediate),

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 28th 1884

Undertaker, Henry W. Means

Place of Business, 45 N Gay St

Thomas Shearer M. D.
Medical Attendant.

Address, 9 W. Chas St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18515 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 27 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne E Brady

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 48 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give Street and Number.} 434 Constitution St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Sept 28 84

Undertaker, J & W Mears

Place of Business, 45 N Gay St

James A Lewis M. D.
Medical Attendant.

Address, Camp & Wolfe

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Jas E Kilgallen

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1876 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sep 25 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mason

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months.* *Days*

Color, negro

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Tobaccostick Md

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give Street and Number.} 270 Montgomery

Cause of Death, First (Primary), Heart disease

Second (Immediate), Exhaustion

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 28

Undertaker, H Ross

Place of Business, 15 Lombard St *Address,*

S Tilleston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8577 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 27 1884

CERTIFICATE OF DEATH.

Date of Death, 25th September. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A. Turner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeping

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Queen-Anne Co. Md.

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 49 Leadenhall St.

Cause of Death, First (Primary), Tubercular consumption

Second (Immediate), Laryngitis

Duration of Last Sickness, 17 Months, last confinement one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 28

Undertaker, H R Ross

Place of Business, 95 Conway St

L. D. Gee M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18578 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 27 1884 BALTIMORE MD

Date of Death, Sept 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not Named, May Tubman Mother

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Lived but a ~~Years~~, Minute after birth, Months, Days,

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 1 Y Alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 1 Y alley

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) ——

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, September 28

Undertaker, H Ross

Place of Business, 25 Conway St

C. D. Smith M. D.,
Medical Attendant.

Address, 58 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Persons is respectfully invited to the Remarks below, and to List of ... on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78519

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, September 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Alkus Post

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, His entire Lifetime

Place of Death, {Give street and number} 202 Pratman St

Cause of Death, First, (Primary,) Scrofula & entiritis

Second, (Immediate,)

Duration of last Sickness, Ill at least 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Sept 28

Undertaker, J B Cook

Place of Business, 707 W Baltimore St

W Hammond M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7852 *Office of Registrar of Vital Statistics.* Ward K

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 27 94

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. C. Dickey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} —

Age, 37 *Years,* — *Months.* — *Days*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Employee B & O R R

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} 8 Boulden alley

Cause of Death, First (Primary), Compl Delirium

Second (Immediate), Inj Cause at Accident

Duration of Last Sickness, Found Died 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Sept 29th 1894

Undertaker, George H. Buzzard

Place of Business, 201 Fremont ave

W. A. Adams M. D.

~~Medical Attendant~~.

Address, 828 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 7852 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 27 1884

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, September 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Egan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* 2 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give street and Number.} 14 Belows st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, Sept 28 1884

Undertaker, B Hall

Place of Business,

Jno Glover M. D.
Medical Attendant.

Address, 137 N Gay st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This ...

Health Department, City of Baltimore.

Permit No. 78522 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 27 1884

CERTIFICATE OF DEATH.

Date of Death, 27. IX 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Sophie Klock,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months.* ... *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 15 Caroline St.

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Sept 28 The 84

Undertaker, Ch. Bartle

Place of Business, 3 N. Fredrick St

Louis C. Hart M. D.
Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 78523 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 27 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua G. Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 1 *Months.* 17 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sail

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give Street and Number.} 22 Ener 4-

Cause of Death, First (Primary), Dysentery

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Ct

Date of Burial, Sept 28 1884

Undertaker, Henry Keech

Place of Business, 309 N Eden St

L. F. Shultz M. D.
Medical Attendant.

Address, 149 N. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 78334 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 28 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 27. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jenafron Ruck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, {Give Street and Number.} 436 Light St

Cause of Death, First (Primary),

Second (Immediate), Diseases of the Stomach

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Mt Hope Cem Lewis

Date of Burial, Sept 29th

Undertaker, B. Hale

Place of Business, No 82 West St

Thos Ortle M. D.
Medical Attendant.

Address, 446 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 78525 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 28 1894

CERTIFICATE OF DEATH.

Date of Death, Sept 25 - 94

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ephraim H. Pettingill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N. Hampshire

Duration of Residence in the City of Baltimore, 13 Yrs.

Place of Death, {Give Street and Number.} 681 Hanover St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Apnoea

Duration of Last Sickness, 8 Months -

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Sept 29th

Undertaker, B Hall

Place of Business, 1103 West Pratt *Address,* 313 Light St.

R. H. Elles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 8526 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 28 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Karch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} Fort Av Corner of Clarkson st.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Prostration

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 28th

Undertaker B. Hall

Place of Business, No 82 West

C. L. Buddenbohm M. D.
Medical Attendant.

Address, 166 S. Pacas

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 78527 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 26 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Mc Allister

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 86 *Years,* ... *Months.* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} No 14 Shamrock St.

Cause of Death, First (Primary), ...

Second (Immediate), Peritonitis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 29

Undertaker, W. Leippel

Place of Business, ... *Address,* ...

D. Kelly, *M. D.*, Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 1828 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 28 1884

CERTIFICATE OF DEATH.

Date of Death, Sept. 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Rostetmeyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* 9 *Months.* 12 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Stevedore

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 33 years in U. S.

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} 78 S. Chapel st

Cause of Death, First (Primary), Fracture of the Base of the Skull

Second (Immediate),

Duration of Last Sickness, 2 hours 30 minutes

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager's

Date of Burial, Sept 28th

Undertaker, W. Leipsic

Place of Business,

Pierre G. Dausch M. D.
Medical Attendant.

Address, 325 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 78529 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 26 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adeline Hughes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* 5 *Months,* 20 *Days.*

Color, Dark

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, House Girl

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give street and number.} 4 Cairo St

Caus of death, First, (Primary,) Bright Disease Kidneys

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Odd Fellows Cemetery

Date of Burial, Sept 28th 1884

Undertaker, Samuel E Case

Place of Business, 9 Eutaw St

J. W. Clark M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 78538 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 28 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Rolde

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 1/2 Years

Place of Death, {Give Street and Number.} 38 O Donnell St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Marasmus

Duration of Last Sickness, Five (5) Months

All the above information should be furnished by the Physician.

Place of Burial, Schwarz Cemetery

Date of Burial, September 29 1884

Undertaker, Michael Funk

Place of Business, 85 Bank

Wm. C. Glover M. D.
Medical Attendant.

Address, 38 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 78531 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Murphy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give Street and Number.} # 40 Ryan st

Cause of Death, First (Primary), ...

Second (Immediate), Cancer of Liver & Stomach

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cem

Date of Burial, 29th Sept

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry

D. L. Dyer M. D.
Medical Attendant.

Address, 387 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 78532

Office of Registrar of Vital Statistics.

9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Chilman Hubbard

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Easton Virginia

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number. } 51½ Courtland St.

Cause of Death, First, (Primary.) Dyptheritic Laryngitis

Second, (Immediate.) .....

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 29th 1884

Undertaker, Henry W. Mears

Place of Business, 1454 Gay St

J. H. Lamb *M.D.,*
Medical Attendant.

Address, 77 Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 18533 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 28 1889

B

CERTIFICATE OF DEATH.

Date of Death, September Twenty-seventh 1889

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miranda S. Collins

Sex, ~~Male~~ ~~or~~ *Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and Number.} 167 N Wolf St

Cause of Death, First (Primary), Heart disease

Second (Immediate), Apnoea

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 29 1889

Undertaker Henry Hoeck

Place of Business, 309 N Central Av *Address,* 218 N Broadway

J. B. Schwatka *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 78534 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR DEPARTMENT OF HEALTH SEP 28 1889 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sep 28, 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Watsick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give Street and Number.} 483 E. Eager St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, St. Stephanus Cem.

Date of Burial, September 29/89.

Undertaker, Frank. Cook Co.

Place of Business, 319 N. Durham St.

W W White M. D.
Medical Attendant.

Address, 367 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 78535 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 27th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amand Krause

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 3 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 77 Block St

Cause of Death, First (Primary), Aneurisma aortae abdominalis

Second (Immediate), Ruptura aortae

Duration of Last Sickness, 6 months

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Sept 29th 1884

Undertaker W. H. Nicholas

Place of Business, 258 Alice Ann *Address,* 255 E. Baltimore St

J. Ruhrah M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 78536 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clemens E. Volk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 yrs *Months.* 9 months *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 514 E. Clay St

Duration of Residence in the City of Baltimore, 2 yrs 19 days

Place of Death, {Give Street and Number.} 514 E. Clay St

Cause of Death, First (Primary),

Second (Immediate), Stomatitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Sept 29th

Undertaker, Adam Fink

Place of Business, 461 N. Gay St *Address,*

J. E. Conrad *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas & Edwards Hawkins and Rebecca Hawkins.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 3 *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth)} 283 N. Eutaw St.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 283 N. Eutaw St.

Cause of Death, {First (Primary,) ~~Convulsions~~. I did not attend the child, but prescribed for it on the afternoon of its death. Second (Immediate.)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Shark St. Cemetery

Date of Burial, Sept 29/84

C. D. Gilbert M. D.
Medical Attendant.

Undertaker, Chas. F. Scriven

Place of Business, 271 N. Eutaw *Address* 167 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be It further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 78538 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 28 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Gross

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 10 *Months,* X 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, XXX

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 198 Lemmon Street

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemeteries

Date of Burial, September 29th

Undertaker, Wendelin Diffenderfer

Place of Business, 151 South Broadway

Jas E Donnelle M. D.
Medical Attendant.

Address, 299 E Fallo St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 78539 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 28 September 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heinrich Flechter

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 65 *Years,* 9 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Stockings weaver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany obt. 3 years in U.S.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} Hospital 381 W Pratt St

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Weakness " "

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, 29 September 1881

Undertaker, Peter Frey

Place of Business, 91 Eastern Av. *Address,* 205 W Lombard St

Dr F Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 78540 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 29 1894

CERTIFICATE OF DEATH.

Date of Death, 28 Sept

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Mc Glaughlin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* ~~74~~ *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} County Lamford Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Institution of the Little Sisters of the Poor

Cause of Death, First (Primary), General debility

Second (Immediate), about one year

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Holy cross Cimetery

Date of Burial,

Undertaker

Place of Business, William Bloodcom M. D. Medical Attendant.

Address, 1 W Brooke Boyle ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 78871 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 29 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. } Mary Catherine Jacobs

Age, 26 *Years,* 7 *Months,* 20 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } No 25 Hanover Alley

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, October 1

Undertaker, Walter Immel

Place of Business, 313 W. Baltimore *Address,* 152 N. Charles St.

Wm A. Wade M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore.

Permit No. 7852 / 2 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irene Elizabeth Hall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— Years, Two Months, twenty one Days,

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 1st 1 Bridle Alley

Cause of Death, First (Primary), Tuberculosis (Meningitis)

Second (Immediate), Spasms

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Sharp St Cem~~

Date of Burial, Sept 29/1884

Undertaker Wm J Gray

Place of Business, ———

C Hampson Jones M. D.
Medical Attendant.

Address, Howard Med College

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78543 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 28. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Valentine A. Barth

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 67 *Years,* *Months.* *Days.*

Color, Jr

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth } Washington Co

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, { Give street and Number. } 106 Hollins St.

Cause of Death, First (Primary), Inanition & Diarrhoea & Jaundice

Second (Immediate), Cholera

Duration of Last Sickness 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept. 30th.

Undertaker Cook. J. B. C. W. Neff M. D.

Medical Attendant.

Place of Business, Butts & Schenker *Address,* 300 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78624 *Office of Registrar of Vital Statistics.* Ward 46

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas A. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 4 *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 69 Walker St

Cause of Death, First (Primary), ...

Second (Immediate), Diphtheria

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Sept. 29/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* ....

Jno D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78545 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 94.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Rud. S. Lisle.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 33. *Years,* 1 *Months,* 27. *Days,*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation Painter.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ellicotts City Md "

Duration of Residence in the City of Baltimore, all his Life.

Place of Death, { Give street and Number. } 923. N Lombard St.

Cause of Death, First (Primary), Bright's Disease of

Second (Immediate) Coma

Duration of Last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 29th 1894

John D. A. Shaw M. D.
Medical Attendant.

Undertaker Geo B Cook

Place of Business, No 707 W Baltimore Street *Address,* 273 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78546 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 28/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elis. Guttmann

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, One Yr *Years, Months, Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 66 S. Carey St.

Cause of Death. First (Primary),

Second (Immediate). Diphtheria 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Sep. 29/84

C. W. Neff *M. D.*
Medical Attendant.

Undertaker J. B. Cook

Place of Business, 707 E. Balto. *Address,* 306 N. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [Over.]

No. 7784

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78547 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Bowman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Bruce St No 296

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemy

Date of Burial, Sept 30/84

Undertaker Saml W. Chase

Place of Business, Howard St *Address,* .....

L G Spicer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78618 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 29th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} James Skivington

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation Unknown

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} Balto City Jail

Cause of Death. First (Primary), Alcoholic Poison

Second (Immediate), Cerebral Congestion

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Sept 29th 1884

Undertaker Geo Rinehart

Place of Business, —

Dr. P. Hoffman M. D.
Medical Attendant.

Address, 279 west Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78579 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th September 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs John B. Mason

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Forty Eight (48) *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Buffalo, New-York.

Duration of Residence in the City of Baltimore, Eight (8) Years.

Place of Death, {Give Street and Number.} Western Md. Hotel, Penna. Av. Baltimore.

Cause of Death,
First (Primary), Pneumonia, left Lung.
Second (Immediate), 3d Stage of Pneumonia, left Lung. (Hepatization Grey)

Duration of Last Sickness, Since the 6th of August. 1884.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 29th 1884

Undertaker, Wm Deaver

Place of Business, 202 N. Eutaw St. *Address,* 47. Franklin St.

Dr C. Van Bibber. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cert...

Health Department, City of Baltimore.

Permit No. 78530 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th September 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lambert L. Sorrell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, 18 Days

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 198. West St.

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Diarrhea et Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 30th 1884

Undertaker, Chas. W. Chase

Place of Business, 173 S. Howard

L. L. Loyer M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 78551 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Diana Walker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* *Days*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, 4 y 11 m

Place of Death, {Give Street and Number.} 18 Leloup St.

Cause of Death, First (Primary), diphtheria

Second (Immediate), Abscess

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Weston Cemetery

Date of Burial, 29 September

Undertaker, B Hawke.

Place of Business, 1131 S 2

R. P. Ellis M. D.

Medical Attendant.

Address, 818 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 78532 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 27 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. S. Brumfield

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 7 *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give Street and Number.} 158 ~~W. Clinton St.~~

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 29 1884

Undertaker, John Kennedy

Place of Business, 382 Orleans

Wm. H. Norris, M. D.
Medical Attendant

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 70

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 18553 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

SEP 29 1884

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, 28 Sept 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wolfgang Ludwig Wolfgang L

~~Sex,~~ Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 30 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 7 Exeter

Cause of Death, First (Primary), Apoplexia Cerebri

Second (Immediate), Paralysis

Duration of Last Sickness, 4 months

the above Information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Sept 30 1884

Undertaker G. Franz

Place of Business, Frank & Wolfe

J. Statin M. D.
Medical Attendant.

Address, 245 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18334 *Office of Registrar of Vital Statistics.* Ward 1 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beverly W Sunderland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ship Joiner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 59 years

Place of Death, {Give Street and Number.} 181 Gough St.

Cause of Death, First (Primary), Paralysis following by any

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Sept. 30/84

Undertaker, M. A. Taiger

Place of Business, 749 Broadway

J. J. Hopman *M. D.*
Medical Attendant.

Address, 346 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This C...

Health Department, City of Baltimore.

Permit No. 78535 *Office of Registrar of Vital Statistics.* Ward 15 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 29 1884

CERTIFICATE OF DEATH.

Date of Death, 28th September 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria I Galliway

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 1 *Months.* 28 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 247 S. Howard St.

Cause of Death, First (Primary), Acute Synovitis et diathesis

Second (Immediate), Pericarditis et Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 29

Undertaker, H Cole

Place of Business, 15 Conway St

L. D. Lee M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible] below, and to List of Diseases on Back of this [illegible]

Health Department, City of Baltimore.

Permit No. 78556 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Perry

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, House Work

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charlestown S.C.

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give Street and Number.} 12 X Aet.

Cause of Death, First (Primary), Pleurisy

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, September 30

Undertaker, H. Ross

Place of Business, 25 Lombard St

J. W. Bamum M. D.
Medical Attendant.

Address, 347 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 78557 *Office of Registrar of Vital Statistics.* Ward 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 29th 94

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W Knauf

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} —

Age, 39 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 22 S. Walker

Cause of Death, First (Primary), From an overdose

Second (Immediate), of Laudanum (Suicide)

Duration of Last Sickness, about 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon park

Date of Burial, Sept 29th

Undertaker, John J Bowen

Place of Business, Hollins & Appleton *Address,* 326 Hanover st city.

W. A. Jarvis M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this [illegible]

Health Department, City of Baltimore.

Permit No. 78558 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Chester

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 7 Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto - City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 428 East St

Cause of Death, First (Primary), —

Second (Immediate), Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 29th 84

Undertaker, Mr Lounge

Place of Business, Chestnut St

Chas A Clemens M. D.

~~Medical Attendant.~~

Address, Camp & Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78559 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Lockard

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 488 Penna Ave

Cause of Death, First (Primary), Diphtheria Malignant

Second (Immodiate), Asthenia

Duration of Last Sickness, 7 ds

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 29th 1884

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 89 N. Green St

W. E. Waugh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 78560 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 27, '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. A. Litle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} —

Age, 28 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, Breakesman on B. & O. R. R.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co., Md.

Duration of Residence in the City of Baltimore, — — —

Place of Death, {Give Street and Number.} University Hospital Baltimore Md.

Cause of Death, First (Primary), Fell from a car at Relay house on B. & O. R. R.,

Second (Immediate), fractured skull

Duration of Last Sickness, about 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Sykesville Md

Date of Burial, Sept 28th 1884

Undertaker, Jno J Andrews

Place of Business, No 4 and 16 Druid Hill Ave

Wm A. James M. D.
Coroner
~~Medical Attendant~~

Address, 326 Hollins st City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore, (18

Permit No. 7561

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eda May Hatfield

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Nineteen *Years,* and six *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore — Maryland

Duration of Residence in the City of Baltimore, During her life

Place of Death, {Give street and number.} No. 15 Wilkins Ave.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Physical prostration & Exhaustion

Duration of Last Sickness, About two and a half years.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept 30th 1884

J. Ridgely Hammond M. D.
Medical Attendant.

Undertaker, S. M. Leonard & Son

Place of Business, 782 W. Baltimore st

Address Cor. Calhoun & Hollins Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 7856 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred. A. Boehm

Sex, ~~*Male, or*~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 11 *Months,* 7 *Days,*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and Number.} 245 N. Fayette St.

Cause of Death, First (Primary), Typhoid Malarial Fever.

Second (Immediate) Exhaustion.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept 30, 1884

Undertaker F. Lewis Schaefer

Place of Business, 1091 N. Irving *Address* 245 N. Fayette St.

John. A. Ross M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78563 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Fenner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 84 *Years,* 5 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Shoe Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and Number.} 109 Little Green st.

Cause of Death,
First (Primary), Old Age
Second (Immediate), Prostration

Duration of Last Sickness, 3 Months

the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, September 30th 1884

C. L. Buddenbohn M. D.
Medical Attendant.

Undertaker Wm J. Tichner

Place of Business, 65 S. Eutaw st *Address,* 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78564 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 28. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Reese

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* *8 Months,* *Days*

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Balt.

Place of Death, {Give Street and Number.} 5 Platt Sook Al.

Cause of Death, First (Primary), Intestinal Catarrh

Second (Immediate), Marasmus

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, M. Davids Cem.

Date of Burial, Sept 30th 1884

Undertaker, H. Sander & Son

Place of Business, 252 Sander

E. C. Link M. D.
Medical Attendant.

Address, 392 E. Balt. st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

'18

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 30 1884 BALTIMORE, MD

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Cholera Infantum Sept 28th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert W Boyton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 10 Mo *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 10 Mo 12 days

Place of Death, { Give street and number. } 165 S Bathurm St-Baltimore

Cause of Death, { First (Primary,) Dentition / Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Sept 30th 84

C M Kleinschmidt M. D.
Medical Attendant.

{ *Undertaker,* Matthew Cadogan *Address* 20 yer Klein
{ *Place of Business,* 227 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 78576 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
SEP 30 1884
BALTIMORE, MD.

Date of Death, Sept. 29th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. Arthur Burns

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 9 *Months,* ..... *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States. If of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 60 Ramsay St.

Cause of Death, First (Primary). ~~Diptheritic~~ Croup.

Second (Immediate). .....

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 30/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto St.

H. A. Hebner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 78567 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 30 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 29. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Cole

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* / *Months,* *Days*

Color, Ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 145 Pierce St.

Cause of Death, First (Primary), Cerebro. spin. meningit. Inflam

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Sept 30. 84

Undertaker, Abr Hemsley

Place of Business,

Geo. A. Fleming M. D.
Medical Attendant.

Address, Franklin & Greene Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Page 3.

Board of Health, City of Baltimore.

Permit No. 78568 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Septr. 28. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Celia Berges

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 26 *Years,* *Months,* *Days.*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and Number.} 13 Lambert

Cause of Death, First (Primary), Remitent fever

Second (Immediate), " "

Duration of Last Sickness, five weeks

All the above information should be furnished by the Physician.

Place of Burial, Charles Co Md

Date of Burial, Sept 30. 1884

Undertaker Alf Hemsley

Place of Business,

J. H. Christian M. D.
Medical Attendant.

Address, 506 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate

Health Department, City of Baltimore.

Permit No. 78569 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 30 1884 BALTIMORE, MD.

Date of Death, Sept 29, 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Lowrad

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days*

Color, B

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 5 Oxford st

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 154 Druid Hill ave

Cause of Death, First (Primary), Not Known

Second (Immediate), Cholera Infantum.

Duration of Last Sickness, not Known, saw the child but once, Charity Case

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 30 84

Undertaker, Geo Kennedy

Place of Business,

William Lee M. D.
Medical Attendant.

Address, 339 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 7[illegible]

Board of Health, City of Baltimore.

Permit No. 78570 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE SEP 30 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. McLaughlin

Sex, Male or Female. {Cross out the word not required in this line.} /

Age, 1 *Years,* 9 *Months.* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, /

Place of Death. {Give street and Number.} 4 Ramsay

Cause of Death. First (Primary), Acute Dropsy of the Brain

Second (Immediate).

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, Oct 1/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 283 W Lombard

Edw. F. Mehrland M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 78571 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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HEALTH DEPARTMENT SEP 30 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 29/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Sterling

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 2 Months *Days*

Color, Cold

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Supposed to be Boston

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 57 St Paul St

Cause of Death, First (Primary), ...

Second (Immediate) Diarrhea

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 30 1884

Thos. J. Ward M. D.

Medical Attendant.

Undertaker Geo. Rinehart

Place of Business, Forest Pla *Address,* 107 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78572 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Isaacs

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 7 *Months.* *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 267 S" Fremont St.

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 Week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Sept 30 1884

Undertaker, Hercules Ross.

Place of Business,

Thos A Steuart M. D.

~~Medical Attendant~~ Com of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Dunning Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78573 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Wilson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 2 1-2 *Years,* *Months,* *Days*

Color, Black

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Phthisis

Second (Immediate), Collapse

Duration of Last Sickness, 6 wks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Sept 30 1884

Undertaker, Thos Jas Gray

Place of Business, 65 Mulberry

R H Gamble M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78574 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Hardesty

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Thirteen *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 326 Hanover St

Cause of Death, First (Primary), Diarrhea

Second (Immediate),

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Calvert County

Date of Burial, Oct 1

Undertaker, B. Ward

Place of Business, 82 West St

Julius Hall M. D.
"Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Transit 3415

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 78575 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 28 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Simmons

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* ..... *Months,* ..... *Days*

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Printer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 58 S Washington Ave

Cause of Death, First (Primary), Valvular Disease of Heart

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 1 1884

Undertaker, John Hennessy

Place of Business, 382 Orleans

E Hall Ruthrie M. D.

~~Medical Attendant~~. Doctor,

Address, 10 E and Gunt Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78576 *Office of Registrar of Vital Statistics.* Ward 15"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 30 1884 BALTIMORE MD.

Date of Death, Sept. 29/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Smith.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 0 *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 147 York St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Sept 30 84

Undertaker, G. W. Rus.

Place of Business, 221 [redacted]

J. H. White M. D.
Medical Attendant.

Address, South Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this...

Health Department, City of Baltimore.

Permit No. 78577 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 30 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 29. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dollenecht

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 302 S Charles St

Cause of Death, First (Primary), Scarlet Fever & Diphtheria

Second (Immediate), Uraemia & Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 31

Henry Barton M. D.
Medical Attendant.

Undertaker, Henry Brick

Place of Business, Henrietta 81 *Address,* 1466 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[Over.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 78578 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 30 1884

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 29. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Jane Ennis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* ~~~~ *Months,* ~~~~ *Days.*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset Co. Md.

Duration of Residence in the City of Baltimore, 34 yrs 9 mos.

Place of Death, {Give street and number.} 12 N. Gilmor St.

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Salisbury Md

Date of Burial, Sept 30th 1884

Undertaker, Wm Feaser

Place of Business, 202 Mott Ave *Address,* 215 N. Carrollton Ave.

John S. King M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3416 Fremont [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78579 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1884

CERTIFICATE OF DEATH

Date of Death, Sept 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan McNamara
m[illegible] Namara

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), General Debility

Second (Immediate), Pulmonary Hemorrhage

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Oct 1/84

Undertaker, Chas. T. Scriven

Place of Business, 211 N Eutaw

[illegible] M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Board of Health, City of Baltimore, 9 4

Permit No. 78580 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 29/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Green

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 4 *Days.*

Color, Colin.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 69 Lewis

Cause of Death, {First (Primary,) / Second (Immediate,)} Entero colitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 30th 1884

Undertaker, Wm. N. Langsdale

Place of Business, 1162 East st

Thos. J. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 78581 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 29 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice A Chaplain

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days,*

Colored

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation Midwife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Snowhill Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death. {Give street and Number.} 21 May St

Cause of Death. First (Primary), Valvular disease of heart

Second (Immediate), Dropsy of Thorax

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, Sept 30th 1884

Undertaker Wm M Lange

Place of Business, 1062 East St

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78582 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

78582 CERTIFICATE OF DEATH.

Date of Death, Sept 30, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles L. McFadden Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months.* Half hour *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1272 Bank St

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Phila Rd M.E. Cem

Date of Burial, Sept 30 1884

Undertaker, C. S. McKeldin

Place of Business, 27 Bank St

J. H. Hall, M. D., Medical Attendant.

Address, 1412 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78583 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 30 1884

CERTIFICATE OF DEATH.

Date of Death, September 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma V. Owens

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months.* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 13 alto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} No 108 Fort Avenue

Cause of Death, First (Primary), Diptheria

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 30 1884

Undertaker, Chas Kyles

Place of Business, 263 Light

Chas. Morfit M. D.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore.

Permit No. 78584

Office of Registrar of Vital Statistics.

11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 29th Sept

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Webb.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Canvasser.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Lancaster England

Duration of Residence in the City of Baltimore, Six yrs

Place of Death, {Give street and number.} 106 Franklin.

Cause of Death, First, (Primary.) Debility

Second, (Immediate.) Remittent fever.

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 30 / 884

Undertaker, J. H. Loane

Place of Business, 60 N. Carrollton Av

H. P. Morgan M.D.,
Medical Attendant.

Address, 119 W Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78585

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
SEP 30 1884
BALTIMORE MD.

Date of Death, September 28 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elavina Mc. Dear

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, Colard

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Grass Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 44 Saratoga St

Cause of Death, First, (Primary.) Kidneys

Second, (Immediate.) Nephritis

Duration of Last Sickness, 4 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sep 30 1884

Undertaker, W O & Bro

Place of Business, 97 Druid Hill Ave

F. Monk *M.D.,*
Medical Attendant.

Address, No 36 Lewis St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 78886 *Office of Registrar of Vital Statistics.* **Ward** ~~16~~ 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 30 1884

Date of Death, Sept. 30th

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Sluzewski

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 26 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 18 Bartlett St. ~~Atrophy~~

6 Wks. Atrophy

Cause of Death, First (Primary), ...

Second (Immediate) .....

Duration of Last Sickness, 6 Wks.

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cem.

Date of Burial, Oct. 1. 1884

Undertaker C. J. Orie

Place of Business, 183 Columbia Address, 298 W. Lombard St.

H. H. Hebner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {over}

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 78587 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Frick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 1 *Days*

Color, Color

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 234. N. Broadway

Cause of Death, First (Primary), Premature birth

Second (Immediate), Atelectasis & Debility

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct. 1st 1884

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

J. E. Wishard M. D.
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 78588 *Office of Registrar of Vital Statistics.* Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1 1884

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mitch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, -17- *Years,* — *Months,* -15- *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give Street and Number.} 90 E. Biddle St.

Cause of Death, First (Primary), Mental state

Second (Immediate), Pyemia

Duration of Last Sickness, 28 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Oct 1st 1884

Undertaker, Henry Hoeck

Place of Business, 309 N Eutaw

C. W. Flower M. D.
Medical Attendant.

Address, 90 E Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics. Ward 2nd

Permit No. 78569

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Gerlock

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 9 *Months,* ~~Days~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 275 Eastern Ave

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Oct 1st 1884

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78590 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella Baumann

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, —— *Years,* Ten *Months,* —— *Days*

Color, white

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 18 Dover st.

Cause of Death, First (Primary), Teething

Second (Immediate), Cerebral Meningitis

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, October 1st 84

Undertaker, John P. Saulsbury *Medical Attendant.* M. D.

Place of Business, 66 Fred'k Ave *Address,* 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78571 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 1 1884

Date of Death, 30 September 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Bornemann

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 44 *Years,* 4 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Schweinitz - Kirstenberg

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} N Strike 398

Cause of Death, First (Primary), Cancer of uterus

Second (Immediate), Weakness - Exhaustion -

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 2 October 1884

Undertaker, Walter Immel.

Place of Business, 315 W Biddle St

A. G. Reinhard M. D.
Medical Attendant.

Address, 205 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78892 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 29th September 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. L. Bullock

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29 *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Life

Place of Death, { Give street and Number. } 542 W. Fayette St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Hemorrhage

Duration of Last Sickness About two years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 1st 1884

Undertaker's Name, J. Emmy & Brother

Place of Business, 550 W. Fayette St. *Address,* W. Fayette St.

Geo. L. Jones M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 785 B. *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1 1884

BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, September 30th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ann Gough

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy Four *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot County, Maryland

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give Street and Number.} No. 5 Collington Avenue

Cause of Death, First (Primary), ...

Second (Immediate), Dropsy Heart

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Havre de Grace

Date of Burial, Oct 2 84

Undertaker, Frey & Son

Place of Business, 57 N Broadway

Wm H. Cudmiss, M. D.
Medical Attendant.

Address, No. 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Transit 3417

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78594 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

OCT 1 1884

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 30 - 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Carhoff

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Years, 73 ~~Months.~~ ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 53 yrs

Place of Death, {Give street and Number.} 557 E. Fayette St

Cause of Death, First (Primary),

Second (Immediate) Apoplexy

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 2nd 1884

Undertaker James McInnis

Place of Business, 13 Plowman

P. G. Dausch M. D.
Medical Attendant.

Address, 325 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78695 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hydrowsky

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* 1 *Months.* 5 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give Street and Number.} 750 Pratt St

Cause of Death, First (Primary),

Second (Immediate), Malarial Fever

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, October 1st

Undertaker, H. N. Doll

Place of Business, 131 Hanover St.

Theodore Cotter M. D.
Medical Attendant.

Address, 1460 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 70

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78596 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Wohnar

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 74 S. Central Ave

Cause of Death, First (Primary), Phthisis

Second (Immediate), Spasm

Duration of Last Sickness, Four Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, October 2nd 1894

Undertaker, Fred Daede

Place of Business, 27 E. Baltimore

John A Schutte M. D.
Medical Attendant.

Address, N E cor Lough & Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78577 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Fleetwood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Trader

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 76 Biddle Street

Cause of Death, First (Primary),

Second (Immediate), Decay of nature

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 1st 1884

Undertaker, Wm Jas Gray

Place of Business, 65 Baltimore *Address,* 72 Fremont

d H Buttan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78598 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Edward Glance

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give Street and Number.} # 246 S. Dallas St

Cause of Death, First (Primary), Entero-Colitis

Second (Immediate),

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Oct 1 st 84

Undertaker, G. France

Place of Business, Plant & Wolfe Sts. *Address,* # 143 Blue Church

John H. Kehlenger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 170

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78599 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30th. September 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicolaus Vogel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Musician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Masoren, Prussia, Germany

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give Street and Number.} Madeyra Alley Nro 148

Cause of Death, First (Primary), Apoplexia sanguinea

Second (Immediate),

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Oct 2nd 84

Undertaker, G. O'Brien

Place of Business, Bank & Wolfe *Address,* S. Wolfe & 117.

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

(17)

HEALTH DEPARTMENT OCT 1 1884 BALTIMORE

Permit No. 78600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

(2)

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella May Zingling,

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, — *Years,* 4 *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 362 N. Washington st;

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct. 2d 1884

Chas. B. Ziegler M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N Gay St *Address* 282 N. Broadway,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person dead, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 78601 *Office of Registrar of Vital Statistics.* Ward 3"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 1 1884

CERTIFICATE OF DEATH.

Date of Death, Sept. 30 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Ramsey

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 35 *Years,* 6 *Months.* *Days*

Color, Col'd

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 125 S Bethel

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 1st 1884

Undertaker, W T Madden

Place of Business, 76 Eastern Ave

R W Mansfield M. D.
Medical Attendant.

Address, 52 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78602 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30th A. D. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* — *Months,* 2 *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, XXXX

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} 179 S. Dallas St.

Cause of Death, First (Primary), Diphtheria.

Second (Immediate),

Duration of Last Sickness, 9 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 1st 1884

Undertaker, Thos. F. Locke

Place of Business, 73 Jefferson St.

Daniel E. Worrell M. D.
Medical Attendant.

Address, 227 E Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7863 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

OCT 1 1884

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Miller

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months.* *Days*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 yrs.

Place of Death, {Give Street and Number.} 75 Bank St.

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, October 2 nd 84

Undertaker, Michael Trunk

Place of Business, 35 Bank St

R. W. Mansfield M. D.
Medical Attendant.

Address, 52 & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 18607 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 30. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Hoyle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 24 Days,

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 35 Stiles St.

Cause of Death, First (Primary),

Second (Immediate). Meningitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Thursday Oct 2/84

J. W. Houck M. D.
Medical Attendant.

Undertaker Henry W. Mears

Place of Business, 45 N. Gay St Address, 75 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 7865 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Albert Later.

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, twenty *Years,* six *Months,* twenty four *Days*

Color, W

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 393 Franklin.

Cause of Death, First (Primary), Typho Malarial Fever

Second (Immediate), Cerebritis & Enteritis.

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 2 1884

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 99 Edmondson Ave.

W R Way M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 18606 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara M Howard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* One *Months,* 6 d *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 2d Bartlett

Cause of Death, First (Primary), Dentition

Second (Immediate), Gastro Enteritis

Duration of Last Sickness, 1 d 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Oct 3rd 1884

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore *Address,*

Jno D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78607 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John G. Kircher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* 9 *Months,* 18 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation None Capper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give street and Number.} 765 Hanover

Cause of Death, First (Primary), Chronic Bright's disease of Kidneys

Second (Immediate), Exhaustion

Duration of Last Sickness, 9 months

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 2 M. D.

Undertaker Henry Brill

Place of Business, Hanover 81 *Address,* 196 W. Pratt

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore.

Permit No. 78608 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 2 [illegible]
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie B. Hegler

Sex, Male or Female, {Cross out the word not required in this line.} Female Hegler

Age, 38 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 75 Wyeth St

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Typho malarial fever

Duration of Last Sickness, 3 weeks 5

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, October 3d 1884

Undertaker Geo Leinbach

Place of Business, 384 W Pratt St *Address,* 19 S W. Lombard

J. K. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 14

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78609 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 2 1884

Date of Death, 30 Sept. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Hilda Rothschild

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months.* — *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give Street and Number.} 32 S. High St.

Cause of Death, First (Primary), Cancer of Duodenum

Second (Immediate), asthenia

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Full Form H. Cemetery

Date of Burial, October 2

Undertaker, Jacob Ahrens

Place of Business, 31 N. High St. *Address,* 31 N. High St. Balto. MD.

B. F. Leonard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 78610 *Office of Registrar of Vital Statistics.* Ward 2"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 2 1884

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob L. Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} # 177½ S Caroline St

Cause of Death, First (Primary), Entero — Colitis

Second (Immediate), Convulsions

Duration of Last Sickness, Sixteen Days

All the above information should be furnished by the Physician.

Place of Burial, Evangelical Cem.

Date of Burial, Oct. 2d 1884

Undertaker, H. Sanders & Son

Place of Business, 253 Canton Av. *Address,* 443 Aliceanna

John A. Lebberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 78611 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE OCT 2 1884

CERTIFICATE OF DEATH.

Date of Death, October 1st 1884 9 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob H. Niebolsen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* *Days,*

Color, white.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} Belair ave & Federal st

Cause of Death, First (Primary),

Second (Immediate) Diptheria

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 2nd

Undertaker Geo Schilling

Place of Business,

J. F. Martenet M. D.
Medical Attendant.

Address, Belair ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 78614 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct-1/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael —

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days*

Color, White —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Convulsions.

Second (Immediate), Sudden

Duration of Last Sickness, A few hours.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 2/84.

Undertaker, Frank Meneagh.

Place of Business, Division & Fremont

R. Mc Goldrick M. D.
Medical Attendant.

Address, Harlem av. Calvert.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 78613 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence —

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 2 *Days* 1

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), Measles.

Second (Immediate), Life.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 2/84

Undertaker, Frank McVeagh.

Place of Business, Fisher & Forrest

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av, Alton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 78614 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 26: 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Capt Jas: A Robinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 Yrs, *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sea Captain

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, Visitor

Place of Death, {Give street and Number.} 127 Montgomery st

Cause of Death, First, (Primary,) Organic Heart Disease

Second, (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Barnegat N J.

Date of Burial, Sept 27 1884

Undertaker, Armiger Bros

Place of Business, 263 Light

P. L. Williams M. D.,
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his, or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 78615 *Office of Registrar of Vital Statistics.* Ward 10 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Madora Hawkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* — *Months,* — *Days,* 7

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, 4½ Yrs.

Place of Death, {Give street and Number.} 125 Chestnut al.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 5 or 6 Wks.

At the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Oct 2 1884

Undertaker, Alf Hemsley

Place of Business, Address, 23 Ed. av.

W. F. Hill M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 7866 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 2 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna B. Becker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 118 E. Broadway

Cause of Death, First (Primary),

Second (Immediate). Phthisis Pulmonalis

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 3rd 1884

Undertaker Denny & Mitchell

Place of Business, 66 S Broadway

Charles Benzinger M. D.
Medical Attendant.

Address, Bdy & Pratt Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 18617 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 1, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Kuntz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 180 E. Fayette St

Cause of Death, First (Primary), Age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 4th 1884

Undertaker, Denny H. Mitchell

Place of Business, 66 S. Broadway Address, 66 S. Broadway

W. W. Keen, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba

Health Department, City of Baltimore.

Permit No. 7618 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 2 1884

CERTIFICATE OF DEATH.

Date of Death, Oct 1 4 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gamble

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 51 years

Place of Death, {Give Street and Number.} 457 E Baltimore St

Cause of Death, First (Primary), Hemoptisis

Second (Immediate), Extreme exhaustion

Duration of Last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, West Minister Church ground

Date of Burial, Oct 3rd 1884

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

William Taylor M. D.
Medical Attendant.

Address, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 7869 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles James

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 7 *Months,* *Days*

Color, Red

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give Street and Number.} 187 West

Cause of Death, First (Primary), Enteritis

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Oct 2/84

Undertaker, H Roß

Place of Business,

Chas O. Ellis M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 78620 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30— 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Butler

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 9 *Months,* 24 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since Born

Place of Death, {Give street and Number.} 48 E. Pratt st.

Cause of Death, First (Primary), Tetanus traumatic (Burns of Palmar surface of both hands)

Second (Immediate),

Duration of Last Sickness, 9 hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, Oct 2nd 1884

Undertaker James, D, Byrne

Place of Business, No 63 Front St

P. G. Dausel M. D.
Medical Attendant.

Address, 325 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore.

Permit No. 7862 / *Office of Registrar of Vital Statistics.* Ward 6 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 2

a

CERTIFICATE OF DEATH.

Date of Death, September 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lee Ann Howes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* one *Months,* ..... *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Dangerfield

Place of Death, {Give street and Number.} 120 N. Carrollton

Cause of Death, First (Primary), Cancer

Second (Immediate) Peritonitis.

Duration of Last Sickness, 3 months.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 2nd 1884

Undertaker W. N. Dungan

Place of Business, No. 62 East Lee

Wharton Hines M. D.
Medical Attendant.

Address, 116 E. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 78622 *Office of Registrar of Vital Statistics.* Ward 9 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH OCT 2 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept. 30. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Inv B. Hansen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 45 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Carpenter.

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and Number.} 179 W. Lombard St.

Cause of Death, First, (Primary,) Tuberculosis.

Second, (Immediate,)

Duration of Last Sickness, 6 Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 2nd 1884

Undertaker, James McGinnis

Place of Business, 143 Plowman *Address,* 227 N. Carrollton Ave.

Jno. F. Powell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78623 *Office of Registrar of Vital Statistics.* Ward 5 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 2 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday Sept 30th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cathrine Loretta Sauder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 9/12 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 186 N. Eden St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 Months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 2 / 84

Undertaker, H. C. Windefeld

Place of Business, 90 Greenmount Ave

Wilmer Brinton M. D
Medical Attendant.

Address, Forest Place & Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 7627 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 2 1884

CERTIFICATE OF DEATH.

Date of Death, Sep 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda M Blaney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 47 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 161 Greenmount Ave

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis & Ascites

Duration of Last Sickness, ~~Daily~~ Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cemetery

Date of Burial, Oct 2 /84

Undertaker, H C Wiedefeld

Place of Business, 60 Greenmt Ave *Address,* ...

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18623 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patricia Minnick

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 150 Union St.

Cause of Death, First (Primary), Acute Bright's

Second (Immediate), Coma & Convulsions

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cemetery

Date of Burial, Oct 3d

Undertaker H C Wiedefeld

Place of Business, 9a Greenmount Ave *Address,* 25½ Greenmt Ave

J. H. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78626 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 2 1894

CERTIFICATE OF DEATH.

Date of Death, Oct 1 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter J. Menson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... 1 *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No. 12 Wilson St.

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonitis

Duration of Last Sickness, One day

All the above luformation should be furnished by the Physician.

Place of Burial, West Holly R.

Date of Burial, Oct 3 94

Undertaker, W. Leppel

Place of Business, ...

M. J. Walsh M. D.
Medical Attendant.

Address, 949 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7862 *Office of Registrar of Vital Statistics.* Ward 39

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 2d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Shoemaker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Home Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 16 S Regester St

Cause of Death, First (Primary), Paralysis of Heart

Second (Immediate), ...

Duration of Last Sickness, Few Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Holly R

Date of Burial, Oct 4 87

Undertaker, W Leipper

Place of Business, ...

Medical Attendant. Coroner E Hale Rutledge M. D.

Address 10 Cross Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78628 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1884

CERTIFICATE OF DEATH.

Date of Death, ~~Barbara Shultz~~ Oct-1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Shultz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 11 Months, 7 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 265 Wolfe st.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1st Madison Al

Cause of Death, First, (Primary,) Enteric Colitis

Second, (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel (Cem'y)

Date of Burial, Oct 3 1884

Undertaker, John Foley

Place of Business, 16 E Balto st

W. D. Booker M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78629 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Octr 1th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Ritterich

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, / Months, 6 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 49 S Wolfe st

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Octr 3th

Undertaker, G Frazier

Place of Business,

James A Lewis M. D.

~~Medical Attendant.~~

Address, Bonaparte & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Inspector

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78630 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

A

Date of Death, 30th September 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily A Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* ..... *Months.* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} 152 Lee St.

Cause of Death, First (Primary), Diarrhea

Second (Immediate), Cerebral — Meningitis

Duration of Last Sickness, Two Years Last confinement 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 2nd 1884

Undertaker, Saml H Chase

Place of Business, 198 S Howard St Address, 146 Hill St.

L. D. Yates M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78631 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 2 '87 ~~7~~ 1 Etta Ave.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Suffran

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* 5 *Months.* 11 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, Undertaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Rohrensass Germany

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give Street and Number.} 121 Penna ave

Cause of Death, First (Primary), Natural Causes

Second (Immediate), Perhaps apoplexy or heart disease, died suddenly

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Sweet Repose

Date of Burial, Oct 5th '87

Undertaker, Geo. B. Suffran Jr. *Medical Attendant.* Jno. A. Jones M. D.

Place of Business, 121 Penna Ave *Address,* 326 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78632 *Office of Registrar of Vital Statistics.* Ward 8 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 2 1894

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie L Hamm

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, *Years,* 4 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } single

Occupation, nil

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balti

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 138 E. Madison

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 3d

Undertaker, Armstrong & Army

Place of Business, 263 Light St

H Shutt M. D.
Medical Attendant.

Address, 1459 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 10633

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78633 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elma Thurow Hayden Hayden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* ~~7~~ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 75 Smyth St

Cause of Death, First (Primary), Cholera Infantum (?)

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 3rd 1884

Undertaker Geo. Lindsay

Place of Business 389 W Balt St

E. K. Wiley M. D.
Medical Attendant.

Address, 195 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7863 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 2 / 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evaline Lange

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* —— *Months.* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 21 Walker

Cause of Death, First (Primary), ——

Second (Immediate), Diphtheria (Malignant)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 3 / 84

Undertaker, B. Hurley

Place of Business, West St *Address,* ——

Wm. D. Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78635 *Office of Registrar of Vital Statistics.* Ward 41

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2nd, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel H Mackey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 23 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 110 E. Baltimore St

Cause of Death, First (Primary), Cyanosis

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 4 1884

Undertaker, John Watkins

Place of Business, 29 S Gay St

H. H. White M. D.
Medical Attendant.

Address, 317 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78636 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct 2 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Bates

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pa

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} No 258 East Hamburg

Cause of Death, First (Primary),

Second (Immediate), old age

Duration of Last Sickness, Some months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 4

Undertaker, W Weaver

Place of Business, 202 N Eutaw

S H Latham M. D.
Medical Attendant.

Address, 27 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

Health Department, City of Baltimore.

Permit No. 78637 *Office of Registrar of Vital Statistics.* Ward 1 C1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maurice Walsh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} 27 Hanover Alley

Cause of Death, First (Primary), [illegible]

Second (Immediate), Chronic Diarrhoea

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, October 3rd 1884

Undertaker, M. A. Taiz Sr

Place of Business, 74 S. Broadway *Address,* 32 Eden St

E. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78638 *Office of Registrar of Vital Statistics.* Ward, 10 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 3 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* 10 *Months,* — *Days,*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 84 Pennsylvania Lane

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Suffocation

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 3rd 1884

Undertaker, Wm A. Daugherty

Place of Business, No 62 East Pratt

H. L. Hall M. D.,
Medical Attendant.

Address, 23 Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the Sanitary Notice, and to Directions on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78639 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 2nd 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Edwards

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 212 Chestnut alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 3rd 1884

Undertaker, Wm N. Dungan

Place of Business, No 62 East Lt.

J. W. C. Cuddy M. D.,
Medical Attendant.

Address, 137 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78640 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 2nd October 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosina Hoyt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 4 Months, Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, one month

Place of Death, {Give Street and Number.} 16 Leadenhall St.

Cause of Death, First (Primary), Diarrhea

Second (Immediate), Marasmus

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Lemmon

Date of Burial, Oct 3

Undertaker, Geo. A. Lamb

Place of Business, 955 Hanover

L. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...to this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

(7

Permit No. 78641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 3 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd "

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Volta

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 59 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Eight years

Place of Death, {Give street and number.} 335 E. Eager st

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Asthenia and Apnoea

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Chas. B. Zieglen M. D.

Date of Burial, Oct 4th 1884 Medical Attendant.

Undertaker, Adam Funk *Address* 282 N. Broadway

Place of Business, 461 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 18642 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 1st 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Michel Nugent

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 years

Place of Death. {Give street and Number.} 137 E. Eager

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 3d

Undertaker H. C. Widefield

Place of Business, 90 Gilmanton *Address,*

Jas. Brooke Bruce M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18643 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Miles

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, one *Years,* seven *Months,* *Days*

Color, Brown

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, 19 months.

Place of Death, {Give Street and Number.} No. 62 Orchard St;

Cause of Death, First (Primary), Gastritis

Second (Immediate), Cranitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 3 1884

Undertaker, Abt Hemsley

Place of Business,

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78644 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harris L. Perkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months.* — *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Oxford Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} Pier 18 Light St Wharf

Cause of Death, First (Primary), Accidental Drowned

Second (Immediate), " "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Oxford Md

Date of Burial, Oct 3d 1884

Undertaker, acting as John L. Perkins

~~Place of Business~~, Residence No 2 Winter st

Geo F Bell M. D.

~~Medical Attendant~~. Coroner 5th Dist

Address, 151 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 18643

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78645 *Office of Registrar of Vital Statistics.* **Ward** 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1884 BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, Oct 2 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Wassenberg

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 36 *Years,* — *Months,* 8 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Chambermaid

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and Number.} 179 N Eutaw St

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 6 months

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 4th.

A. B. Judd M. D.
Medical Attendant.

Undertaker C. L. Weber

Place of Business, 19 Lucas and Rod *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78646 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Fennelling

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 25 *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 51 Eden Street

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 3rd 1884

Undertaker, Wm. H. Hickman

Place of Business, 234 d Gay St.

Samil J. Powell M. D.
Medical Attendant.

Address, 29 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78647 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Perkins

Sex, Male ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 6 y Carrie Al

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Sept 3 1884

Undertaker, S McChase

Place of Business, 198 Howard St

Lane Bosley M. D.
Medical Attendant.

Address, 719 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. Also to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78648 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Thornton Adams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Loudon Co. Virginia

Duration of Residence in the City of Baltimore, Some 30 Years

Place of Death, {Give street and number.} No. 66 N. Paca St

Cause of death, First, (Primary,) Gastralgia (Fatty degeneration of heart)

Second, (Immediate,) Paralysis of Heart

Duration of Last Sickness, Some 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Oct 5th 1884.

Undertaker,

Place of Business,

Robert H. Mifflin M. D.,
L. B. Pacetta M. D. Medical Attendants
Address, 188 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78649 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 3 1884

B

CERTIFICATE OF DEATH.

Date of Death, Oct 2 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Thomas

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ~~Years~~ *Years,* 2 *Months,* ~~Days~~ *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charles Co Md

Duration of Residence in the City of Baltimore, 1 Week

Place of Death, {Give Street and Number.} 229 N Eutaw St

Cause of Death, First (Primary), Thrush.

Second (Immediate), Exanthem

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel, Md

Date of Burial, Oct 3 - 1884

Undertaker, Hercules Rose

Place of Business, Conway St *Address,*

Thos A Stamm M. D.

~~Medical Examiner~~ Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

John E. Dunning Supt

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78650 *Office of Registrar of Vital Statistics.* Ward 15 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 23 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 210 Hughes st

Cause of Death, First (Primary), Teething

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 3

Undertaker, H Ross

Place of Business, 95 Conway St

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary
77 Gilmor st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78657 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct – 2, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Anson Ockrey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* 4 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 8 & Vine

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give Street and Number.} 8 & Vine

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Diphtheria

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 3rd 84

Undertaker, Saml W. Chase

Place of Business, 198 S. Howard st

William Lee, M. D.
Medical Attendant.
attending for Dr Mulridge

Address, 339 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78652 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 3d 84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George William Beaver Jr.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months.* — 19 *Days*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, — — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 Years 9 days

Place of Death, {Give Street and Number.} 303 E. Pratt St.

Cause of Death, First (Primary), Second (Immediate), Pulmonary Consumption

Duration of Last Sickness, 7 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Octr 5th 1884

Undertaker, Ph. Seewald

Place of Business, 35 S. Eutaw St *Address,* 243 N. Fremont St

E. M. Reid M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7865 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 3 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* 11 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mechanic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} District of Columbia

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 24 St Peters St

Cause of Death, First (Primary), Cancer General —

Second (Immediate),

Duration of Last Sickness, 18 Months —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 5th 1884

Undertaker, John J. Mosher

Place of Business, 150 Camden St

J. R. Lowry M. D.
Medical Attendant.

Address, 76 Stark St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78154 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Gill

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Marasmus

Duration of Last Sickness, 2 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 3 1884

Undertaker, A. B. Buzzard

Place of Business, 211 Penn av

Tho. S. Latimer M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 17655

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78655 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 3 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Robinson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single~~ ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housewife & Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} Etting st near Nelson

Cause of Death, First (Primary), Malaria –

Second (Immediate), Congestive Chill & Pumonal Consumption

Duration of Last Sickness, 2 weeks –

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 4 1884

Undertaker Alf Kemsley

Place of Business,

A Tinley M. D.
Medical Attendant.

Address, 386 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 78654 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October, 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Fisler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— 2 *Months,* ——— 23 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 64 Market Space

Cause of Death, First (Primary), Specific Syphilis

Second (Immediate), Congenital

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bulk Cem

Date of Burial, Oct 4th 1884

A Engelbrecht M. D.
Medical Attendant.

Undertaker John H. McCoy

Place of Business, 22 W. Fayette St *Address,* 88 2 Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible] or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 78659 *Office of Registrar of Vital Statistics.* (124)

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 4 1884

CERTIFICATE OF DEATH.

Date of Death, October 3 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha J. Hoff

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Leesburg Va

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 334 N. Fremont st

Cause of Death, First, (Primary.) Cahexia Disease of Liver

Second, (Immediate.)

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Alexandria

Date of Burial, Oct 6th 84

Undertaker, Henry Gen Hearse

Place of Business, Park Ave & Saratoga St

O. H. Williams M.D.,
Medical Attendant.

Address, 201 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

3 of 20 Frances

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78658 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 2d.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Williams

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, —— *Years,* 11 *Months.* —— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} No. 49 Elbow lane

Cause of Death, First (Primary), Dentition

Second (Immediate),

Duration of Last Sickness, 1 hour.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 3 rd 84

Undertaker, G W Elkins

Place of Business, 221 Hamburg St

Smith Edenden M. D.
Medical Attendant.

Address, Cor Columbia Ave & Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78659 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Hodges

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Watchman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Baltimore~~ Florida 32 Years

Duration of Residence in the City of Baltimore, ~~Life Time~~ 32 Years

Place of Death, {Give street and Number.} 291 W Lombard St

Cause of Death, First, (Primary,) Valvular disease of heart with enlargement

Second, (Immediate,) Dropsy

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct 5 1878

Undertaker, J. B. Carr

Place of Business, 207 Eutaw St

Wm P Phillips M. D.,
Medical Attendant.

Address, 311 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18660 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 3d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kirk

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* two *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 71 N. Gay St

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial. Oct. 5/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* ——

J. C. Thomas *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78661 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 3rd 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Cuciel3

~~*Sex,*~~ *Male* ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, One *Years,* Eight *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 428 N Arlington ave

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 428 N Arlington ave

Cause of Death, First (Primary), Acute Cerebral Meningetis

Second (Immediate).

Duration of Last Sickness, about two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Oct. 5th 84

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 175 N. Carey St

B. F. Herman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7862 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 3, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Cusick

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.} Male

Age, Four *Years,* two *Months,* ~~*Days,*~~

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 28 N. Arlington ave

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 28 N. Arlington ave

Cause of Death, First (Primary), Acute Cerebral Meningetis

Second (Immediate),

Duration of Last Sickness, About one week.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Oct. 3/84

Undertaker J. B. Cook

Place of Business, 707 E. Balto St. *Address,* 175 N. Carey St

B. F. Herman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7863 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Burke (Mother)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 93 N. Dallas st

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 4/84

Undertaker, W W Madden

Place of Business, 46 East

Thos A Glenn M. D.
~~Medical Attendant.~~

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M Warren
Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78664 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 4 1884

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} — Schoneman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ ~~Months,~~ 22 hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 23 Jackson Square

Cause of Death, First (Primary), Congestion of the Lungs

Second (Immediate),

Duration of Last Sickness, Born as physician thought would die few hours - then died

All the above information should be furnished by the Physician.

Place of Burial, Fell Point R. Cemetery

Date of Burial, October 5

Undertaker J. Threw

Place of Business, 31 N. High

D. W. Cathell M. D.
Medical Attendant.

Address, 2 N Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 78665 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 4 1884

CERTIFICATE OF DEATH.

Date of Death, Oct 4 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mariana Res

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt—

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 14 Bird St

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, Some Little

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, October 6

Undertaker, B. Ward

Place of Business, 52 West St.

Theodore Motte M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 10666

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7866 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Lloyd

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Retired Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and Number.} 253 S. Charles St.

Cause of Death, First (Primary), Fatty degeneration of Heart

Second (Immediate), Liver & Kidneys

Duration of Last Sickness, Confined to Room 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 6

Undertaker E. Glass

Place of Business, 22 Hanover St

Jno H Smith M. D.
Medical Attendant.

Address, 281 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

No. 10667

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18667 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, October 2/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Warner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 93 Valley st

Cause of Death, First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, a few minutes only

All the above information should be furnished by the Physician.

Place of Burial, Green Mount,

Date of Burial, Oct 4. 1884

F A Warner *M. D.*
Medical Attendant.

Undertaker Wm. H Heckmann

Place of Business 234 N Gay St. *Address,* 225 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78668 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 2 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gibbons

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 99 Eden St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, 14 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Oct 5th 84

Undertaker, G. France

Place of Business, Jones & Wolfe

E Jenkins M. D.
Medical Attendant.

Address, 99 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 7669

Office of Registrar of Vital Statistics.

(4)

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

(B)

CERTIFICATE OF DEATH.

Date of Death, Oct. 4 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Kisgner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Musician

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} No. 68 E. Lombard

Cause of Death, First, (Primary.) Pulmonary Phthisis

Second, (Immediate.)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, October 6th 1884

Undertaker, Chas. F. Evans

Place of Business, 26 Court St.

Alexander Hill, M.D.
Medical Attendant.

Address, Coroner Central Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea[illegible] or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 3d 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. H Anderson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* ½ *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 204 N. Carrollton Ave

Cause of Death, First, (Primary,) Premature Birth — 7 months

Second, (Immediate,) " " "

Duration of last Sickness, ½ day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 4th 1884

Undertaker, Berry & Mitchell

Place of Business, 530 W. Fayette St *Address,* ———

Thos O Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1871 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gorenty & Louisa Spangler Parents

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 241 S Ann st

Cause of Death, First (Primary), ...

Second (Immediate), Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem

Date of Burial, Oct 5

Undertaker, John L Schuh

Place of Business, 564 Aliceanna

Edward Stevens M. D.

Medical ~~Attendant~~

Address, Camp & Howard Pl

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Inspector

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18672 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 3d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ann M Crawford

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 weeks

Place of Death, {Give Street and Number.} 335 High St.

Cause of Death, First (Primary), Intestinal Obstruction

Second (Immediate), Asthenia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, Oct 6 1884

Undertaker, James O Byrne

Place of Business, No 63 N Front St

Frank Gilluly M. D.
Medical Attendant.

Address, 15 Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Transit 3421

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1673 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Mitchell

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Hill St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 29 Hill St

Cause of Death, First (Primary), Umbilical Hæmorrhage

Second (Immediate), Premature Parturition

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 5th 1884

Undertaker C F Krause

Place of Business, ———

Geo. A. Dobson M. D.
Medical Attendant.

Address, 414 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78674

Office of Registrar of Vital Statistics. 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 3 — 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Gerlach

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 30 yrs.

Place of Death, {Give street and number.} No. 297 N. Front St.

Cause of Death, First, (Primary.) Strangulation, caused by sui

Second, (Immediate.) cide by hanging.

Duration of Last Sickness, Died Instantly

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 5th 1884

Undertaker, Wm. H Hickman

Place of Business, 234 N. Gay St

Alexander Hill, M.D.,
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18675 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 3 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Duffin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 6 *Months.* 7 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 614 W. Pratt St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Oct 5, 1884.

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St. *Address,* 317 N Eutaw St

H L Slicer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7867 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Matilda Stanley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months. Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} #226 Bruce St

Cause of Death, First (Primary),

Second (Immediate), Double Pneumonia

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 4th 1882

Undertaker, Wm N. Imagen

Place of Business, No 62 East 21st

E. J. Kane M.D.
Medical Attendant.

Cor Front & Lawrence
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78677 *Office of Registrar of Vital Statistics.* Ward 11"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bamrel

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, 2 Months, 15 Days,

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 29 Druid Hill av

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 29 Druid Hill av.

Cause of Death, First, (Primary,) Entero Colitis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cem. } Andrew W. Boozer M. D.,
Date of Burial, Oct 25th 1894 } Medical Attendant.
Undertaker, Wm. Edes } Address, 157 Park Av.
Place of Business, 101 Gough St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish him forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth r as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and nse and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 18616

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78678 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Richter

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} +

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 59 North Gay st

Cause of Death, First (Primary), ...

Second (Immediate), Cholera infantum

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Chels. Sebalom Cemetery

Date of Burial, October 5th 1884

Undertaker Wm. Elder

Place of Business, 101 Gough st *Address,* .....

A Frederwald M. D.
Medical Attendant.

HEALTH DEPARTMENT OCT 5 1884 BALTIMORE MD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this certificate.

Health Department, City of Baltimore.

Permit No. 78679 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 8 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bautz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give Street and Number.} Balto. 1811 Chesapeake

Cause of Death, First (Primary),

Second (Immediate), Malarial Fever

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Germans Cemetery

Date of Burial, Oct. 6th 1894

Undertaker, Wm. McCann

Place of Business, 253 Aliceanna

Address, 1112 Bro. Ave

W. E. [illegible] M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78680 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Matilda Bassler

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 *Years,* 7 *Months,* 5 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 52 Brune St

Cause of Death, First, (Primary,) Acute Nephritis

Second, (Immediate,) Uraemia

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 5 the

Undertaker, Andrew Rohde

Place of Business, 418 Penna ave

Jas. E. Gibbons M. D.,
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 87

Permit No. 78681

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 4th 84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L. Minnick

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* 16 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Prof of Music

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 95 Law St.

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,)

Duration of last Sickness, 6 Years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 6th

Undertaker, George Schilling

Place of Business,

Louis Chas Horn M. D.
Medical Attendant.

Address, cor Mulberry & Myrtle ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78684 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas C Goshee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 493 Eastern ave

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, M'E Cemetery Philpot Road

Date of Burial, Oct 6th 1884

Undertaker, Denny & Mitchell

Place of Business, 682 S Broadway *Address,* Canton P O

Edwin A Abell M. D.

Medical Attendant.

Canton P O

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78683 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Lost~~ Katharine Norton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time √

Place of Death, {Give Street and Number.} 194 Block St.

Cause of Death, First (Primary), Enteric Colitis

Second (Immediate),

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem

Date of Burial, October 5

Undertaker, W^m Dipple

Place of Business,

John H. Rehberger M. D.
Medical Attendant.

Address, #243 Aisquith

HEALTH DEPARTMENT BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7868 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7868 4 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 3 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Haines

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 4 Price's Court

Cause of Death. First (Primary), acute Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 5th 1884

Undertaker Wm. A. Unger

Place of Business, West Fast st

Geo. F. Taylor M. D.
Medical Attendant.

Address, 284 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78685 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Hall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* ..... *Months,* ..... *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Md.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give Street and Number.} 108 Liberty st

Cause of Death, First (Primary), Dropsy

Second (Immediate), Asthenia

Duration of Last Sickness, 3 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 5th 1884

Undertaker, Wm. L. Lingan

Place of Business, 516 East Pl

C. Hall M. D.
Medical Attendant.

Address, 1404 E. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78686 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 24 Peach Alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 5 1884

Undertaker, H Poss

Place of Business, 95 Conway St

C W S Burge M. D.
Medical Attendant.

Address, 21 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7868

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78687 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 4. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lauch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *9 Months,* *8 Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 9 E. Fayette Ave

Cause of Death, First (Primary), Hooping Cough

Second (Immediate), Convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Oct. 5th 84

Undertaker, Louis C. Kochler

Place of Business, 388 East Fayette St. Address, Balt. & Mach. sts.

G. A. Luck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78688 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 4. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Seidler.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 54 *Years,* — *Months,* 6 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Teacher and Musician.

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Saxe-Weimar, Germany

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and Number.} Eastern Ave & Regester St. (Lutheran Church School)

Cause of Death, First, (Primary,) —

Second, (Immediate,) Apoplexy.

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Pr. Evangelic Lem

Date of Burial, October 6. 1884

Undertaker Jno. Sanderlin

Place of Business, 252 Eastern Ave

A. V. Gouzilos M. D.,
Medical Attendant.

Address, 96 So Ann Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 78689

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78689 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th. October 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Immor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 8 Months, Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give Street and Number.} Hare Street 12th.

Cause of Death, First (Primary), } Convulsions

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, 1st Cor. Luth. Cemetery

Date of Burial, Oct 5, 1884

Undertaker H. Sanders

Place of Business 253 Eastern Ave

William Jenkel M. D.
Medical Attendant.

Address, S. Wolfe 112

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 78690

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78690 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Pfeffer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, 31 *Years,* 11 *Months,* 14 *Days,*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} married

Occupation, Pat maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 173 S. Bethel st

Cause of Death, First, (Primary,) Pulmonary Consumption.

Second, (Immediate,) asthenia

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, October 6 1884

Undertaker, Sandy Sons

Place of Business, 207 Caroline Ave

Chas E. Gibbons M. D., Medical Attendant.

Address, 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 78691

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78691 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 6 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct 4 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas Emil Schmidt

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 14 *Years,* 8 *Months,* 29 *Days,*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } city V

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and Number. } 230 Scott St

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, London park Cemetery

Date of Burial, Oct 6th 1884

Undertaker, Ernst Schlosman

Place of Business, 181 Sharp St *Address,* 164 Lark St

D Landau M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 78692

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78692 *Office of Registrar of Vital Statistics.* Ward 10"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 6 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 4 Oct 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. R. Beck

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 72 *Years,* 2 *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation ✓

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 319 Mulberry st.

Cause of Death,

First (Primary), Old age & extroversion of Eczema.

Second (Immediate), Irritation & ulcerinflammation of the alimentary Apparatus, especially the stomach & bowels.

Duration of Last Sickness, One month — failing 2 or 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 6th 1884

Undertaker H. Lewis Schaefer

Place of Business, 109 W. Fremont

John Hood M. D.
Medical Attendant.

Address, 594 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78693 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 4 — 10 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwich Leidlich

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months.* 4 *Days*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all time

Place of Death, {Give Street and Number.} 6 Pine St

Cause of Death, First (Primary),

Second (Immediate), Acute Nephritis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 6th 1884

Undertaker, H. Lewis Schaefer

Place of Business, 109 N Fremont

L. C. Hourigan M. D.
Medical Attendant.

H. Horn.

Address. 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 18694

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18694 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Theresa Lemar

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 204 E Fayette

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, October 6

Undertaker, Wendelin Dippel

Place of Business, 15 South Eden Street

Samuel Donnelly M. D.
Medical Attendant.

Address, 190 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78695 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 8-1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Burnie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give Street and Number.} 146 Hare St

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Abortion & Hemorrhage

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, October 6

Undertaker, Wendelin Dippel

Place of Business, 151 South Bond *Address,* 23 Eden St

E J Lemmy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78696 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 5/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Richter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give Street and Number.} 171 S. Bethel St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemy

Date of Burial, Oct 7

Undertaker, Tomlall Doyle

Place of Business, 157 S Bond *Address,* 50 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7067

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7867 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Himan Goldman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New-York

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give Street and Number.} 58 Orleans St

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, 2 Years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Hebrew C

Date of Burial, Oct 6th

Undertaker, S. Simons

Place of Business, 216 Gilmor St

Himan N. Lamm M. D.
Medical Attendant.

Address, 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78698 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara E. Laumann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* 1 *Months.* 25 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give Street and Number.} 17 E. Eastern Ave

Cause of Death, First (Primary), Phthisis Pul. and Asthma

Second (Immediate), As Stated

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Oct 7th 1884

Undertaker, Peter Fury

Place of Business, 91 Eastern Ave

G. L. Duncan M. D.
Medical Attendant.

Address, 77 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78699 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 3rd 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hoffmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 85 Eastern Ave

Cause of Death, First (Primary), Suicide (by Hanging)

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, Oct 7th 1884.

E Hale Rustad M. D.
Medical Attendant.

Undertaker, Geo Frey

Place of Business, 91 Eastern Ave. *Address* Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 78700

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78700 *Office of Registrar of Vital Statistics.* Ward 5 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 6 1884

CERTIFICATE OF DEATH.

Date of Death, 5 Oct. 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Lasker (Father) Lasker

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 42 Forrest St.

Cause of Death, First (Primary), Spasm.

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ahel Lehalam Cemetery

Date of Burial, Oktober 6th 1884

Undertaker Wm. Elau

Place of Business, 101 Gough St *Address,* 54 Aisquith.

H. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 78701

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78701 *Office of Registrar of Vital Statistics.* **Ward** 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hinkel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Saddler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, {Give street and Number.} 86 N. Eden St.

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 3 days.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 6th 1884

Undertaker John Fake

Place of Business, 166 Balto St.

E. B. Fenby, M. D.
Medical Attendant.

Address, 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 78702

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78702 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 6 1884
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 3. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob P.O. Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset Co. Md.

Duration of Residence in the City of Baltimore, For 8 years

Place of Death, {Give street and Number.} 101 N. Carrollton ave.

Cause of Death, First (Primary), Labor

Second (Immediate), Embolism

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Kingston - Somerset Co Md.

Date of Burial, Oct 5th 1884

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker D Emory Mitchell

Place of Business, 580 W Fayette St *Address,* 306 N Carolina St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3422

No. 78703

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78703 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Francis Weedon

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days,*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death. {Give street and Number.} 51 Raborg St.

Cause of Death, First (Primary), Tuberculosis in all its

Second (Immediate) worst Phases.

Duration of Last Sickness, 3 yrs.

the above information should be furnished by the Physician.

Place of Burial, Thanksgiving Cemetery

Date of Burial, Oct 6 1884

Undertaker Abt Hemsley

Place of Business,

J. H. Hoffman M. D.
Medical Attendant.

Address, 272 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78704 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 6 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct 5 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Rottlaeder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months.* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give Street and Number.} 664 Light St

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Dysentery Chronic

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Oct 6 "/1884 Records Bot L

Undertaker, F. A. Kerchner

Place of Business, Arlington Av *Address,* 146 Hanover St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78705 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 4th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Malinda Harvey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, Colored

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Barber woman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give Street and Number.} # 30 S. Dallis Street

Cause of Death, First (Primary), Calculus disease of heart

Second (Immediate),

Duration of Last Sickness, Not Known

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 6th 1884

Undertaker, Wm H. Dungan

Place of Business, No 62 East 21

E Hall Ruth M. D.
Medical Attendant.

Address, 108 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78706 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 6 1884

CERTIFICATE OF DEATH.

Date of Death, Oct 5 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick C. Kaulk
Kaulk

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months.* *Days*

Color, w

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germa

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} 71 Oak

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Oct 7

Undertaker, Walter Evans

Place of Business, 315 W Balto

H J Houck M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7870 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml. D. Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sea Captain

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give Street and Number.} 163 Hanover St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Paralysis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, Oct. 6th 1884.

Undertaker, Martin Fahey.

Place of Business, ~~126~~ 128 Townsend St. *Address,* 146 Hanover St.

Gordon Coté M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78708

Office of Registrar of Vital Statistics.

Ward 6 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 6 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4 th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Mellow Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 616 N Jefferson St

Cause of Death,
First (Primary), Teething
Second (Immediate), Consumption

Duration of Last Sickness, about four months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, October 6 1884

Undertaker, Henry Hoch

Place of Business, 389 Central av

Milton A Hunter M. D.
Medical Attendant.

Address, 128 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 18709

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78709 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 6 1884

CERTIFICATE OF DEATH.

Date of Death, 6 Oct. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } August Jacobi

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — *Years,* 10 *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation non

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 5 Lemmon Court

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 5 Lemmon Court

Cause of Death, First (Primary),

Second (Immediate), Cerebritis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Christ Episcopal Cemetery

Date of Burial, October 7th 1884

Undertaker H. L. Hanes

Place of Business, 317 N. Gilmor

John Hood M. D.
Medical Attendant.

Address, 5 Ff W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78710 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christeana E. Brotzell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 88 *Years,* 5 *Months,* *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 60.

Place of Death, {Give Street and Number.} 23 Warren ave.

Cause of Death, First (Primary), Senility

Second (Immediate), Nervous Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Oct 7

Undertaker, Irvin & Dunn

Place of Business, 263 Fulton Ave

Chas. Giles M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78711 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 8 1884

CERTIFICATE OF DEATH.

Date of Death, Oct. 6/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary -

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 1 *Months,* [illegible] *Days*

Color, White.

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Convulsions.

Second (Immediate), Congestion of Brain.

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 6/84.

Undertaker, Frank McVeagh

Place of Business, Division & Townsend

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem Ave. Calton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7871/2 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 5 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Joseph

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 6/84

Undertaker, Frank McVeagh

Place of Business, Sirsin & Frazier

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7810

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78713 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 6 1884

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 4th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Gray

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 12 *Years,* 3 *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Barbados

Duration of Residence in the City of Baltimore, Since Infancy

Place of Death, { Give street and Number. } 14 Eilbeck Lane

Cause of Death, First (Primary),

Second (Immediate), Typhus Malarial Fever

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Laurel Bennett

Date of Burial, Oct 6 1884

R. M. Hall *M. D.*

Medical Attendant.

Undertaker H Pass

Place of Business, 95 Conway *Address,* 262 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78714 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Robbins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 1 *Years,* 5 *Months,* 0 *Days*

Color, C

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Whitewasher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} West River

Duration of Residence in the City of Baltimore, Last Year

Place of Death, {Give Street and Number.} 44 Burgundy Al

Cause of Death, First (Primary), Traumatic Convulsions

Second (Immediate), Septicemia

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Oct 6 1884

Undertaker, H Doll

Place of Business, 95 Conway St

C. Wm Colburn M. D.
Medical Attendant.

Address, 343 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78715 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 4-84 *Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Roth

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ____ *Years,* 10 *Months.* 24 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 6 Fayette Court

Cause of Death, First (Primary), Chronic Croup

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Oct 7 84

Undertaker, G. Thamen

Place of Business, Pam & Mo Address, 325 E. Baltimore

P. L. Davis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78716 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF ~~DEATH~~.

Date of Death, Oct 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredk Einhoff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give Street and Number.} 76 Washington Court

Cause of Death, First (Primary), Ascites

Second (Immediate), Liver trouble

Duration of Last Sickness,

All the above information [illegible] by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, Oct 8th 84

Undertaker, G. Frances

Place of Business, Bonk & Wolf Address, [illegible]

E. Jenkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7877 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 5 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant: not named, give names of parents.} Louisa C. Bethell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give Street and Number.} 110 E. Green St

Cause of Death, First (Primary),

Second (Immediate), Softening of the Brain

Duration of Last Sickness, 3 or 4 years

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, October 6

Undertaker, B. Hart

Place of Business, 82 West St

Herbert Carter M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

34 & 4 Transit [OVER.]

The Special Attention of [illegible] is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 14

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octo 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony Haidy

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 60 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} West River Md.

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and number} 180 Lemmon St.

Cause of Death { First, (Primary,) — Second, (Immediate,) Asthma

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Shaps St

Date of Burial, Oct 6-1884

R. C. Lee M. D.
Medical Attendant.

Undertaker, Wm Jos Gray.

Place of Business, 65 Mulberry *Address,* Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

GUILANY & CO. CITY PRINTERS AND STATIONERS.

OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78719 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lester Brooks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} South Carolina

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} 12 Mumford Ave

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate), following pleurisy with effusion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 6th 1884

Undertaker, Sam'l W. Chase

Place of Business, 198 S. Howard St. *Address,* 12 Mumford Ave

M. A. Atkinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78729 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 6 1884

Date of Death, 5 Oct 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Royston Blackwell

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, — *Years,* — *Months,* — 5 — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 12 Royston Street.

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} 12 Royston Street

Cause of death, First, (Primary,) Premature birth

Second, (Immediate,) do do

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 6 1884

Undertaker, W.W. Modden

Place of Business, 46 East St

Harry L Byrne M. D.,
Medical Attendant.

Address, 127 N. Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 18721 *Office of Registrar of Vital Statistics.* Ward 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 5th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Hefner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Huckster

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give Street and Number.} 362 Hanover st

Cause of Death, First (Primary), Died Suddenly / supposed

Second (Immediate), heart disease

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Oct. 7/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. st *Address,* 326 Hanover st

Wm A. James M.D.

~~Medical Attendant~~. Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7822 *Office of Registrar of Vital Statistics.* Ward 5 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 5 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy J. Murphy Timothy J. Murphy

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 25 *Years,* ..... *Months,* ..... *Days*

Color, W

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Coal Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 107 Eden Street

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 7th 1884

Undertaker, James P Byrne

Place of Business, 63 n Eutaw St Address, 189 Lexington

Richard McSherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule of Practice on Back of this Certificate.)

Board of Health, City of Baltimore,

10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John F. Hook

~~Sex~~, *Male or ~~Female~~,* { cross out the word not required in this line. }

Age, 69 *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. } ✓

Occupation, Painter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 169 Saratoga St

Cause of Death, First, (Primary,) Bright's disease of Kidneys

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 8th 1884

James R. Fechtig M. D.
Medical Attendant.

Undertaker, Joseph F Boyle

Place of Business, 39 or Liberty *Address,* 182 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Latest Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 78724. *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin C Myers,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* 8 *Months,* 9 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give street and Number.} 90 Parkin St.

Cause of Death,
First (Primary), Carcinoma of Caecum
Second (Immediate), Collapse from Perforation of Bowel

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, October 7th 1884

H. H. Webner M. D.
Medical Attendant.

Undertaker Geo. Leimbach

Place of Business, 584 W. Pratt St. *Address,* 298 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78725 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 5 - 1904

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leah Vonfolski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, H.W.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give Street and Number.} 135 Forest Street

Cause of Death, First (Primary), Puerperal Septicaemia

Second (Immediate), Peritonitis

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Bell Air Cemetery

Date of Burial, October 7

Undertaker, Jacob Ahrens

Place of Business, 31 Hugh St. *Address,* 708 S. Bond St.

Alfred Whitehead M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 10720

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78726. *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6. 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Schuster.

Sex, Male ~~*or Female*~~, { Cross out the word not required in this line. }

~~*Age,*~~ ~~*Years,*~~ *Months,* Two hours *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Not.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 214 E Eager St.

Cause of Death, First (Primary), Premature birth (case Malaria?) ~~6th month,~~

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 7, 1887

Undertaker Henry Hoeck

Place of Business,

J. W. Chambers M. D.
Medical Attendant.

Address, 133 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...nd to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 78727 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie Kelly

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} 1252 Dallas st.

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick

Date of Burial, Oct 7th

Undertaker, W. C. Leipper

Place of Business,

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...nd to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 78728 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Mulligan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} County Mayo Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} No 5 Wills St.

Cause of Death, First (Primary), Mechanical obstruction of bowels

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Oct. 8, 1884

Undertaker, Mc. A. Dayer

Place of Business, 74 S. Bway

Jno. S. Lynch M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The ... low, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 7872 *Office of Registrar of Vital Statistics.* Ward 37

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Slattery

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, 6 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 177 E Ann St

Cause of Death, First (Primary),

Second (Immediate), Cholera Infantum

Duration of Last Sickness One Day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Oct. 7. 1884

Undertaker, M. A. Daiger

Place of Business, 44 S. Bway

M. D., Medical Attendant.

Address, 44 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

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Health Department, City of Baltimore.

Permit No. 78730 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. J. Gates

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days*

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.} Married

Occupation, Oyster Dredger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, about 3 days

Place of Death, {Give Street and Number.} University of Maryland

Cause of Death, First (Primary), Died from effects of

Second (Immediate), ~~Gas~~ Malignant Pustule (Blood Poison)

Duration of Last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co. Md

Date of Burial,

Undertaker, H. A. Dauge

Place of Business, 74 S. Bway

Wm A. Jones M. D.

~~Medical Attendant~~ Coroner

Address, 326 Hollins St City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

No. 7 0

... below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7873 / *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosanna Brady

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* 5 *Months,* 9 *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give Street and Number.} 124 S Broadway

Cause of Death, First (Primary), Cerebral Haemorrhage

Second (Immediate), Cerebral Inflamation

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Oct 8 84

Undertaker, W. H. Draper

Place of Business, 740 Bdwy

James E Donnelly M. D.
Medical Attendant.

Address, 299 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...w, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 78732

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1 1884 REGISTRAR

CERTIFICATE OF DEATH.

Date of Death, ~~Sept~~ Oct 7th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Fannie Arlington

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* one *Days.* 1

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maternite Hospital

Duration of Residence in the City of Baltimore, one day

Place of Death, {Give street and number.} Maternite Hospital

Cause of Death, First, (Primary.) Atelectasis { Premature Birth 8 mos.

Second, (Immediate.) Asphyxia

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Retained for

Date of Burial, anatomical purposes

Undertaker,

Place of Business,

F. R. Nordmann M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...s Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

Permit No. 98733 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John. S. Hogg.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Inspector of Public Buildings. Retired

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and Number.} 814 Lexington St.

Cause of Death, First (Primary), Diabetes Insipidus,

Second (Immediate). Pneumonia. — followed by Exhaustion

Duration of Last Sickness, 9 years.

All the above information should be furnished by the Physician.

Place of Burial, Greene Mount

Date of Burial, October 8th 1884

Undertaker

Place of Business,

John. S. A. Hogg M. D.
Medical Attendant.

Address 173. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 1

The Special Attention of [illegible] is Respectfully [illegible] Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 78734 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Morgan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* — *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Monthly Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 76 E Washington St

Cause of Death, First (Primary), General Debility

Second (Immediate).

Duration of Last Sickness, Ailing for several years

the above into matters should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 7th 1884

Undertaker Dunn & Mitchell

Place of Business, 66 S Broadway *Address,* 2 W Baltimore

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...is Respectfully ... below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 18735 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Larkin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months.* ... *Days* 4

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 57 Duburry al

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate),

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, October 7th/84.

Undertaker, Walter Gadegan

Place of Business, 22 Saulsbury St.

Edw'd F. Michael M. D.
Medical Attendant.

Address, 283 N. Dunbury

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...s Respecting ... and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 78736

Office of Registrar of Vital Statistics.

20

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 7 1891

BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} 269 W Biddle Street Baltimore Catharine Lee Pryor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 269 W Biddle Street Balto

Cause of Death, First, (Primary.) Fever Typhoid

Second, (Immediate.) Delirium - exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Fredericksburg Va

Date of Burial, Oct 6 1891

Undertaker, W. H Bibb

Place of Business, 97 Druid Hill Ave

C B Gaunthe M.D.,
Medical Attendant.

Address, 519 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...s Respecting ... ...ow, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 7873 — *Office of Registrar of Vital Statistics.* — Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 6 84

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} Lizzie Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 243 Eutaw St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 7 1884

Undertaker, Wm. Gray

Place of Business, 46 Eutaw *Address,* 241 Church St

R. S. Bent *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 76

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78738 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, 12.20 M Sunday night Oct 6th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samual Charles Baum

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 29 *Years,* 3 *Months,* 28 *Days,*

Color, White

Married, ~~Single,~~ ~~Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation Locomotive Engineer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Penna

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, { Give street and Number. } Lagrelle

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate). do do

Duration of Last Sickness, One Year and four months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Oct 7th 1884

Undertaker John J Anders

Place of Business 166 & 6 Druid Hill Ave

J. E. Turchand M. D.
Medical Attendant.

Address, 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...ians is Respectfully ... Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 78739 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Higgins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 170 Druid Hill ave

Cause of Death, First (Primary), ...

Second (Immediate), Eclampsia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Oct 7th 1884 Thos A Glenn M. D.

Undertaker, Chas. F. Scriven ~~Medical Attendant.~~

Place of Business, 271 Eutaw St *Address,* Camp & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Geo. E. Brown
Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8744 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Page

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 28 Belcher st

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenlees

Date of Burial, October 7

Undertaker, J. Mark

Place of Business, 24 West St.

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Forrest

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18741 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 7 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Hatthaus

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, *Years,* *Months.* 26 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 2 Hull st.

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphons'

Date of Burial, October 8

Undertaker, B. Hall

Place of Business, 82 West St

P. L. Daush M. D.
Medical Attendant.

Address, 325 E. Balto. st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully ... the Remarks below, and to List of Diseases on Back of This Cer...

Health Department, City of Baltimore.

Permit No. 18742 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 7 1884

Date of Death, Oct 6 / 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Cook

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* — *Months.* — *Days*

Color, cd

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 42 Oxford Al—

Cause of Death, First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 7/84

Undertaker, Saml A Chase

Place of Business, ...

James A Lewis M. D.
~~Medical Attendant.~~

Address, Cor M. & N.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo. E. Bowers
Sanitary Inspector

The Special Attention of Physicians is respectfully invited ... and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

2

Permit No. 78743

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th October

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Schimanski

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 years 1 mo 9 da

Place of Death, {Give street and number.} No 168 Ontario av

Cause of Death, First (Primary,) Dentition

Second (Immediate,) diarrhoeal

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemt.

Date of Burial, October 7, 94.

Undertaker, F. Borowski

Place of Business, 218 S. Ann St.

W. F. Koerner *M. D.*
Medical Attendant.

Address No 214 Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78744 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 6 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. E. Stevens

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months.* — *Days*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ~~264~~ 20 years

Place of Death, {Give Street and Number.} 264 Myrtle Ave

Cause of Death, First (Primary), Epilepsy

Second (Immediate), Convulsions

Duration of Last Sickness, 16 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Co Md

Date of Burial, Oct 7/84

Undertaker, C. H. Blizzard

Place of Business, 39 Address, Camp 6 & C

John A Steuart M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Geo E Brown
Assistant Inspector

Permit [illegible] No. 18744

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 18745 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 7 1884

CERTIFICATE OF DEATH.

Date of Death, October 6 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Louisa McCain

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Fourteen *Months,* ..... *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 47 Woodyard St

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 14 Bataf St

Cause of Death. First (Primary), Diarrhoea Serous effusion in brain

Second (Immediate), Hydrocephaloid disease (Has always been sickly)

Duration of Last Sickness, about One Week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 8th 1884

A. E. Pole M. D.
Medical Attendant.

Undertaker Walter Samuel

Place of Business 315 N. Liddle St *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78746 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 6, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patsey Lewis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, Colored.

~~*Married*~~, ~~*Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, Servant.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Marylands.

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number.} 148 Preston St.

Cause of death, First, (Primary,) -

Second, (Immediate,) Old age -

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, October 8

Undertaker, H Ross

Place of Business, N. Conway St

C. Edw. Janney M. D.,
Medical Attendant.

Address, 242 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 78747 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 7 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Creighton

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 7 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Widow~~ ~~Widower~~

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} No 797 Hanover St

Cause of Death, First (Primary), ...

Second (Immediate), Acquired Chill

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 27 1884

Undertaker, Cannington Co

Place of Business, 263 Light

J. G. Bruch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Permits

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78748 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 8 1884

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaac B. Burneston

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 82 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } Home of Aged Mr. Asst in Franklin St

Cause of Death, First, (Primary,) old age & gradual decay

Second, (Immediate,)

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 8th 1884

Undertaker, John S. Meaker

Place of Business, 1150 Canton Address, 206 N Gilmor St

John Neff M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to be Filed.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78749 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 8 1884

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Frederick Grob

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 11 *Months,* 10 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State of country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and Number. } 2 Wagon alley

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Dysenteria

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 8th 1884

Undertaker, John S Hooker

Place of Business, 1351 Pennsylvania Address, 47 Edmondson ave

Jas E Gibbons M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78750 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 7th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles B. Meermann.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months. 5 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give Street and Number.} 211 N. Wolfe St.

Cause of Death, First (Primary), Pertussis

Second (Immediate), Convulsions,

Duration of Last Sickness, About 4 Weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, October 8 1884

Undertaker, Henry Hoerle

Place of Business, 309 S. Eutaw St. Address, 342 N. Broadway.

John N. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7857 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 6, 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Berry (Col'd)

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} rear of 132 Franklin N

Cause of Death, First (Primary), Epilepsy

Second (Immediate), found in a stable when he was said subject to epileptic fits

Duration of Last Sickness, Dont know

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 7 1883

Undertaker, William A Dugan

Place of Business, 62 East St

Wm A Jenkins M. D.

~~Medical Attendant~~ Coroner

Address, 326 Hollins st city

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78752 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 9 1894

CERTIFICATE OF DEATH.

Date of Death, Oct. 5

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leon Shuart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 15 *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} # 213 Raborg St

Cause of Death. First (Primary), Pneumonia

Second (Immediate). Effusion with Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 7 1894

Undertaker William A. Unger

Place of Business, 62 East St

C. M. Neff M. D.
Medical Attendant.

Address, 306 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78753 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 8 1884

8

CERTIFICATE OF DEATH.

Date of Death, October 7 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Gessel

Sex. Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 20 *Years,* 11 *Months.* 25 *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower.~~ { Cross out the word not required in this line. }

Occupation None especial.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, { Give street and Number. } Belair avenue - opp. Wiesners Brewery

Cause of Death, { First (Primary). } { Second (Immediate). } Phthisis Pulmonalis.

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 9 1884 J. Russell Marten M.D.

Undertaker John Kenney Medical Attendant.

Place of Business, 382 Orleans St *Address,* Belair Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78754 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 8 1884

CERTIFICATE OF DEATH.

Date of Death, October 8- 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 304 N. Amer St.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion

Duration of Last Sickness, From Birth.

the above information should be furnished by the Physician.

Place of Burial, Franeth Cemetery

Date of Burial, October 9 1884 Geo. F. Taylor M. D.

Medical Attendant.

Undertaker John Kerrigan

Place of Business, 382 Orleans *Address,* 284 N. Bway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78755 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 7" 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ceden

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 411 Fort ave

Cause of Death, First (Primary), Burning

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, October 9

Undertaker, B. Hall

Place of Business, 21 West 14th

O. A. Cooke M. D.
Medical Attendant.

Address, 411 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78756 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 8 1884

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Lewis Gore

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 458 N Mount St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 458 N. Mount St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Insanities

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Oct 8/84

Undertaker, Chas. T. Scriven

Place of Business, 27 N. Eutaw

M. Graves M. D.,

Medical Attendant.

Address, 10 Lafayette ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78757 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 3 1884

CERTIFICATE OF DEATH.

Date of Death, Octo. 8th. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Eggensper

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and Number.} 15 Bolton Alley nr. Roberts

Cause of Death, First (Primary). Diphtheria

Second (Immediate). "

Duration of Last Sickness, 9 Days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 5/84

Undertaker Chas. T. Scriven

Place of Business, 271 N. Eutaw

J. J. Christian M. D.
Medical Attendant.

Address, 506 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78758 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 8 1884

CERTIFICATE OF DEATH.

Date of Death, Tuesday Oct. 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Feltmate Coats

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bacto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 103 N. Carrollton ave

Cause of Death, First (Primary), Indigestion

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Accamacks Va

Date of Burial, Oct 8th 1884

L. D. Morris M. D.

Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 530 W Fayette St 530 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3427 Trans

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18759 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny E. Finney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months.* *Days*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 6 Mo

Place of Death, {Give Street and Number.} 203 Hanburg st.

Cause of Death, First (Primary), Pertussis

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 8th 1884

Undertaker, Jas. W. Chase

Place of Business, 703 Hanover Address, 313 Light

R. W. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78760 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 8th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis McCarthy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Express driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 166 E. Eager St.

Cause of Death, First (Primary).

Second (Immediate). Phthisis Pulmonalis

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Oct 8th 1884

Dr. Brooke Bayne M. D.
Medical Attendant.

Undertaker Geo. W. Boyce

Place of Business, 55 N. Liberty *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7876 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 7 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Demmerlein

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, *Years,* 5 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 39 N. Durham st.

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, since born

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Oct 8th 84

Undertaker, G. France

Place of Business, 1 Bank & Wolf

P. G. Daub M.D.
Medical Attendant.

Address, 325 E. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 78762 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Zbuck

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, ~~Years,~~ 8 *Months.* ~~Days~~

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 9 Draper

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, October 8th 1884

Undertaker, H. A. Sander & Son

Place of Business, 262 Central Ave *Address,*

E. Jon Chaney *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78763 *Office of Registrar of Vital Statistics.* Ward 39

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 8 1884

CERTIFICATE OF DEATH.

Date of Death, October 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Gorschloth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 10 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and Number.} Pr 162 S. Eden

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls cem

Date of Burial, October 8th 1884

Undertaker H C Sander & Son

Place of Business, 252 Canton Av

L Oldenburg M. D.
Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18764 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Violet Chaney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 6 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 6 days

Place of Death, {Give Street and Number.} 14 Bloomberg

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Apnoea

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 8 '84

Undertaker, Austin & Denny

Place of Business, No 268 Saratoga

Ros. O. Ellis M. D.
Medical Attendant.

Address, 313 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78765 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 7th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W Reeves

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69. *Years,* —— *Months,* —— *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Ship Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 69. Years.

Place of Death, {Give Street and Number.} # 461. E. Balto. St.

Cause of Death, First (Primary), Malaria

Second (Immediate), Asthenia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 9 October 1884

Undertaker, John P. Schuh

Place of Business, 265 Aisquith

Wm H. Norris, M. D.
Medical Attendant.

Address, 154 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78766 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 5 -84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Ford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give Street and Number.} Univ Hospital

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Collapse

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, W. B. Cemetery

Date of Burial, Oct 8/84

Undertaker, Fred'k A. Kerchner

Place of Business, 129 N. Arlington Ave

J R Trimble M. D.
Medical Attendant.

Address, Univ Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 78767 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th. October 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Shir.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give Street and Number.} S. Dallas Street 276

Cause of Death, First (Primary), Diphtheritis

Second (Immediate),

Duration of Last Sickness, 13. Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 9th October

Undertaker, Gemmell Bros

Place of Business,

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe & 117

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7868 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 6. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Meagher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days*

Color, wht.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} cor McMechin & Druid

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, 8 Oct

Undertaker, Chalmers & Co

Place of Business, 425 Penna Ave

G Lane Tanyhill M. D.
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78769 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Octob 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Wachhoff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 5 Months, 14 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 105 Bailey Ave

Cause of Death. First (Primary), Laryngitis

Second (Immediate),

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 9 1884

Undertaker D Harle

Place of Business, 82 West st

Geo H Smith M. D.
Medical Attendant.

Address, 281 S Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore.

Permit No. 78770 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 7th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anton Butterway

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 52 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Wheelwright

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 32 years.

Place of Death, { Give street and Number. } 17 Calendar Alley

Cause of Death,

First (Primary), Chronic Dysentery Treated patient for same about five months ago, have not seen him since. The family claim that he has had no other Physician since and that he has suffered more or less at times since with above trouble,

Second (Immediate),

Duration of Last Sickness, 6 mo.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, October 10th 1881

Undertaker Mr. L. Kaas

Place of Business, 311 Monroe St.

H. W. Weber M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78771

Office of Registrar of Vital Statistics.

15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, October 7. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Lora Thomas.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 5 *Months,* 3 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Eastern Maryland.

Duration of Residence in the City of Baltimore, 5 Month

Place of Death, {Give street and number.} No 16. Peach Alley.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 9

Undertaker, H. Ross

Place of Business, 95 Conway St

Dr. J. Mauk M.D.,
Medical Attendant.

Address, No. 56 Paris st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78772 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 8th October 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry N Troup.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seventy five (75) *Years,* *Months,* *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Gentleman.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, About 50 Years.

Place of Death, {Give Street and Number.} No 43. North av, near Maryland av.

Cause of Death, First (Primary), Dysentery.

Second (Immediate), Dysentery.

Duration of Last Sickness, about four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct. 9th 1884

Undertaker, Hy Jenkins & Son

Place of Business, Park & Saratoga sts

W C. Van Bibber M. D.
for D. Claude Van Bibber
Medical Attendant.

Address, 47 Franklin st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 78773

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78773 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Meyer Dichtelberg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Salesman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, nine years

Place of Death, {Give street and Number.} 507½ W Baltimore St

Cause of Death, First (Primary). Typhoid fever

Second (Immediate). Interstitial hemmorhage

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Lloyds St. Cemetery

Date of Burial, October 9th 1884

Undertaker Wm Eilau

Place of Business, 101 Gough St *Address,* 88 N Eutaw

A Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78774 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 7th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Flaherty

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 28 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 245 N. Howard St.

Cause of Death, First, (Primary,) Inveterate Consumption

Second, (Immediate.)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Oct. 9th 1884

Undertaker, Henry W. Mears

Place of Business, 415 N. Gay St.

John Neff M. D.,
Medical Attendant.

Address, 206 N. Eutaw Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78775 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Nitsch.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ... *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), General Debility

Second (Immediate), Exhaustion

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 10/84.

Undertaker, Frank McVeagh

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave., Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78776 *Office of Registrar of Vital Statistics.* Ward 12 4.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Pfister.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — 1 *Years,* 7 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. vincents Infant asylum.

Cause of Death, First (Primary), Tubercular Meningites.

Second (Immediate), Convulsions.

Duration of Last Sickness, 19 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie.

Date of Burial, Oct. 10/84.

Undertaker, Frank Mc Coy

Place of Business, 1 Division & Fremont

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem av, Catherine.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78777 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 9 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, October 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Hoffman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Brooklyn Penna

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and Number.} 754 St. Charles St

Cause of Death, First, (Primary,)

Second, (Immediate,) Malarial Fever

Five days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Oct 9th 1884

Undertaker, Armstrong & Denny

Place of Business, 263 Eight St.

Dr. J. Bell M. D.,

Medical Attendant.

Address, 161 Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health—City of Baltimore.

Permit No. 78778 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Gibbs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annarundel Co Md

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and Number.} No 176 E Fayette st

Cause of Death, First (Primary), Laarge Burns

Second (Immediate), Diarrhoea Exhaustion

Duration of Last Sickness, Twenty five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 9 1884

Undertaker Wm H. Maddox

Place of Business, #46 East *Address,* 176 E Fayette st

Whipple Winsey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78779 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Henkel

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* 3 *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 348 Cross St

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Laudenbach Cem

Date of Burial, Oct. 11th 1884

Undertaker, Julius Kochler

Place of Business, Thos. & Cross *Address,* 554 W Fayette

Robt K Knox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78780 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charley L Snyder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 2 *Days* 9

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 8 Crosier Ct

Cause of Death, First (Primary), Spina Bifida

Second (Immediate), Convulsions

Duration of Last Sickness, Lifetime (12 days)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 9 1884

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 309 Hillen

James Bailey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78781 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, [redacted] 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hisley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years~~, 15 Months, Days

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 315 Aliceanna st

Cause of Death, First (Primary), Meningitis (Tubercular)

Second (Immediate),

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Bloomingdale Cemetery,

Date of Burial, Oct. 9th 1884

Undertaker, Wm Nicolaus

Place of Business, 218 Aliceanna St.

Thomas B Evans M. D.
Medical Attendant.

Address, 92 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 78782

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78782 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 7, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Johnson.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 Mos. ~~Years,~~ *Months,* ~~Days.~~

Color, Black

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Euson St. Court.

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Inanition.

Duration of Last Sickness, About 1 month

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 9 1884

Undertaker J J Locke

Place of Business, #73 Eutaw *Address,*

Jas. McCraighill, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(over)

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78783 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 8. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Danl. F. Bragg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~20~~ 19 *Years,* 8 *Months,* 17 *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give Street and Number.} 18 Warren Ave

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Charlestown W. Va

Date of Burial, Oct 10/1884

Undertaker, or Thos. J. Bragg

Place of Business, 18 Warren Ave *Address,* 46 Hanover St

Edward Otis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 78784 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octr. 9th " 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beasey Eggensper

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 5 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and Number.} 15 Bolton Alley nr Roberts

Cause of Death, First (Primary). Diphtheria

Second (Immediate). "

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 9th 1884

Undertaker Chas. T. Scriven

Place of Business, 27 N. Eutaw

J. H. Christian M. D.
Medical Attendant.

Address, 506 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 78785 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 8th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Gumpmann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 9 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 104 St Peter & Corner of Eutaw

Cause of Death, First (Primary), Spasm

Second (Immediate), 1 day

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Forest Home

Date of Burial, Oct 9th 1884

Undertaker Holmes & Hinchcliff

Place of Business 157 Lombard

O. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78786 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 9 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ina Virginia Mary Nichol

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ~~Years,~~ 24 Months, ~~Days,~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 1130 E. Baltimore

Cause of Death, { First, (Primary,) Premature delivery

Second, (Immediate,) and 6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Lebanon

Date of Burial, Oct. 8. '84

Undertaker, H. A. Dayer

Place of Business, 74 S. Bway

H. Whitehorn, M. D., Medical Attendant.

Address 121 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78787 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 9 1884

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Bradley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months.* *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give Street and Number.} 71 North St

Cause of Death, First (Primary), G. Enteritis

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Oct 10th 1884

Undertaker, Henry W. Means

Place of Business, 245 ½ Gay St

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 171 W Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the accompanying Notice, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 7878 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward W Middle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, 37 *Years,* ... *Months.* ... *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Fireman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cumberland Md

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give Street and Number.} 507 Amity St

Cause of Death, First (Primary), Heart disease

Second (Immediate), Paralysis of heart

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Oct. 10/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

J H Branham M. D.
Medical Attendant.

Address, 8 E Monroe ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78789 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 7th October 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Eliza Gittings

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Forty four (44) *Years,* *Months,* *Days*

Color, Colored.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Nurse.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} No 151. Biddle St.

Cause of Death, First (Primary), Valvular disease of the Heart.

Second (Immediate), Gangreene of the lower extremities.

Duration of Last Sickness, About three months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 9th 1884

Undertaker, Saml H. Adams

Place of Business, 195 E. Howard St

M. C. Chas Bibbins M. D.
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and oorrect record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78790 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 9 1884

CERTIFICATE OF DEATH.

Date of Death, October 8 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen V. Stone

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 1 *Months,* 3 *Days* —

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 8 Winsor Street

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Convulsions

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Com.

Date of Burial, Oct 10 84

Undertaker, G. Frazer

Place of Business, Jones & Wolfe *Address,* No 102 N Broadway

Wm. H. Clendinen, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7879 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 7/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bond

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* ..... *Months.* 7 *Days*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 34 Burke.

Cause of Death, First (Primary), Jaundice

Second (Immediate), Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Oct. 9th 84

Undertaker, G. France

Place of Business, Bank & Wolfe *Address,* 77 So. Howard

L. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 18792

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 8th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Smith Williams

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 67 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 91 Park Ave. Balto.

Cause of Death, First, (Primary,) Spinal Paralysis

Second, (Immediate,) Hypostatic Pneumonia

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cyd

Date of Burial, Oct 10th 1884

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga

Henry Stuart, M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78793 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie A Shores

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 8 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 277 Columbia Ave

Cause of Death, First (Primary), ...

Second (Immediate), Catarrhal Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 10 1884

Undertaker, Philip S. Dill

Place of Business, 189 Columbia Ave

J H Blunny M. D.
Medical Attendant.

Address, 76 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78794 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 9. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May L. Lorane

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2. *Years,* 4 *Months.* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 194 Columbia Ave

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Paralysis of the Heart

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery.

Date of Burial, 10th Oct 10th 1884

Undertaker, B Hoile

Place of Business, 82 West Stud

Howard Cook M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

Permit No. 7879 S. *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 8. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A L. Cook

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 214 Raborg St

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, Oct 9 1884

Undertaker Wilson & Heise

Place of Business, 62 E. 21st

C W Neff M. D.
Medical Attendant.

Address, 300 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7896 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 8th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Colin Cayton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 6 Barnes St.

Cause of Death, First (Primary), Convulsions - Reflex

Second (Immediate), Croup

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Helena Cemetery

Date of Burial, October 9/94

Undertaker, F. Veach

Place of Business, 319 N. Durham St. *Address,* 419 So. Broadway

G. L. Wilkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over

No. 7877

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7877 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jessie E. Hughes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Eight *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 216 Mosher St

Cause of Death, First (Primary), Hydrocephalus

Second (Immediate), "

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct 10th 84

Undertaker Jno R. McCoy

Place of Business, 94 W Fayette St *Address,* Arlington Road Md

James Bacon — M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78798 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct ~~Sept~~ 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Fahey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Institution of the Little Sisters of the Poor

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's, Govanstown

Date of Burial, October 10th 1884.

Undertaker Martin Fahey

Place of Business, 126 & 128 Townsend St. *Address,*

Ant. Poole Bro. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78799 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th October 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Agnes Clancy / Mrs. John D Clancy. / Wife of John D. Clancy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Thirty Eight 38 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mother & a family

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty Seven years.

Place of Death, {Give Street and Number.} No 7. Etting St. Baltimore

Cause of Death, First (Primary), Convulsions, during Labor.

Second (Immediate), Puperal Convulsions.

Duration of Last Sickness, About Sixteen (16) Hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, Oct 10th

Undertaker, Martin Fahey

Place of Business, 1261/28 Fremont

M C Van Bibber M. D.
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78800 *Office of Registrar of Vital Statistics.* Ward 21½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Kracke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* one *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and Number.} 333 Eastern Av.

Cause of Death, First (Primary), Graves's disease

Second (Immediate), cardiac disease

Duration of Last Sickness, 2 years (as stated) Has known her for 14 years myself.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Lebanon Cem

Date of Burial, October 10. 1884

L. Obermeitz M. D.
Medical Attendant.

{*Undertaker* R. Sandy Linn

Place of Business, 202 Eastern Av. *Address,* 12 S Edo. st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78801

Office of Registrar of Vital Statistics.

188 20

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jane Hunt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* 4 *Months,* 9 *Days.*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ellicott Mills

Duration of Residence in the City of Baltimore, From Early Life

Place of Death, {Give street and number.} No 285 Aisquith St

Cause of Death, First, (Primary.) Cancer Stomach

Second, (Immediate.) Peritonitis Hemorrhage

Duration of Last Sickness, About Ten Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Oct 11th 1884

James Hinton M.D.,
Medical Attendant.

Undertaker, John Hough

Place of Business, Penn Avenue. *Address,* No 14 Penn Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 98802 *Office of Registrar of Vital Statistics.* 1/11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 7 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Holmes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} No. 1 Canton St.

Cause of Death, First, (Primary.) Congestive Chill

Second, (Immediate.) —

Duration of Last Sickness, 3½ hours.

All the above information should be furnished by the Physician.

Place of Burial, Shorpurst Cemetery

Date of Burial, Oct 10 1884

Undertaker, William Burger

Place of Business, 62 East [illegible]

Alexander Hill, M.D.,

Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible] of this

Board of Health, City of Baltimore,

Permit No. 78803 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 10 1884

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CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. F. Murr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 5 *Months,* 11 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} #139 Hanover St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 139 Hanover St

Cause of Death. First (Primary), Injury to foot producing Pyemic Symptoms

Second (Immediate), Resulting in Sore Throat of a Diphtheretic character

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, October

Undertaker F. N. Troll.

Place of Business, 131 Hanover St.

Geo. H. Dewson M. D.
Medical Attendant.

Address, 66 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 78804 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Dutrouch.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, 18 mos

Place of Death, {Give street and Number.} 124 Mulberry

Cause of Death,
First, (Primary,) Diphtheria
Second, (Immediate,) Asthenia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'y

Date of Burial. 10 1884

Undertaker, C Rowlinson

Place of Business, 70 Mulberry St

F. E. Chataud Jr M. D.,
Medical Attendant.

Address, 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ... this

Board of Health, City of Baltimore,

Permit No. 78805 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th Oct. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalene Handley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 43 Marion St

Duration of Residence in the City of Baltimore, 1 Month 5 Days

Place of Death, {Give street and Number.} 43 Marion St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Ft. Alleghany Cemetery

Date of Burial, 11 Oct. 1884

Undertaker, A. Rosenberger

Place of Business, 20 Lee Street

L. A. Veldman M. D.,
Medical Attendant.

Address, Fort & Lee Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o...

Board of Health, City of Baltimore.

Permit No. 78806 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 8. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Clark

~~*Sex,*~~ ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days,*

Color, C

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 7 La Rue's Al -

Cause of Death, First (Primary), Congestion of Lungs.

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 10th 1884

Undertaker J J Locke

Place of Business, 1113 Jefferson St

Henry Chandlee M. D.
Medical Attendant.

Address, Home - Free Dispensary 58 N Green

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78807 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrich Wm Heitmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days,*

Color, Wh

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Grocer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 303 Aliceanna

Cause of Death. First (Primary), Typhoid fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 mo

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, October 26 1884

Undertaker Wm. Nicolaus.

Place of Business, 158 Aliceanna St *Address,* Balto

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 78808 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie B. Rousey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} #3 Wilkins ave

Cause of Death, First (Primary), consumption

Second (Immediate),

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct 10 1884

Undertaker Lemmy & Mitchell

Place of Business, 50 W Fayette *Address,* Arlington and Mosher

James Bacon M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore, (12

Permit No. 78809

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 10 1884

CERTIFICATE OF DEATH.

Date of Death, Octr 9th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Forry Letoriere

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* 9 *Months,* 3 *Days.*

Color, Wh.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Penna.

Duration of Residence in the City of Baltimore, 1 yr.

Place of Death, {Give street and number.} 359 Madison Ave.

Cause of Death, {First (Primary,) Chronic Softening of the Brain
Second (Immediate,) Exhaustion

Duration of Last Sickness, abt 2 yrs.

All the above Information should be furnished by the Physician.

Place of Burial, York Pa

Date of Burial, Oct 13th 84

Undertaker, J. N. McCoy

Place of Business, 22 W. Fayette St

Wm F. Lockwood M. D.
Medical Attendant.

Address Park Ave & Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3429 Harwell [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 7810 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9-84 5¾ A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Boschee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} M

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St. Joseph's Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemet

Date of Burial, Oct 10th 1884

Undertaker, Chas P Byrne

Place of Business, Front st

Oscar J. Corkery M. D.
Medical Attendant U.S.N.

Address, 158 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Pa...

Board of Health, City of Baltimore,

Permit No. 7811 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michl Giles

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation R. R. Trackman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the ~~City of~~ Baltimore, 18 Yrs

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary),

Second (Immediate) Fracture of Skull

Duration of Last Sickness, 4 hours

the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 12 1884

Undertaker James O Byrne

Place of Business, No 63 N Front St

Thos. S. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 78814 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Shaw

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 16 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation Student

Birthplace, { State or country, and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } City Infirmary

Cause of Death, First (Primary), Pneumonia Inducement

Second (Immediate), following Burns & Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, Oct 10th 1884

Undertaker Geo. Rinehart

Place of Business, Forest Place

R. Blackburn M. D.
Medical Attendant.

Address City Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78813 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeannette Herman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* — *Months.* — *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} N. 120 (120) N Caroline

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), —

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Fell Point P. [illegible] Cemetery

Date of Burial, October 10

Undertaker, [illegible] Threms

Place of Business, [illegible] Hughes *Address,* 169 N Charles St

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78814 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 9 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Eva Denhardt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 3 Months. Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 66 Camden St

Cause of Death, First (Primary), Spasms

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Oct. 10th.

Undertaker, F. N. Small

Place of Business, 131 Hanover St

W. S. Bowe M. D.
Medical Attendant.

Address, 210 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78815 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary and Dorsen Chester (Parents)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months.* 5 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 153 N. Dallas st

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Dallas st Com

Date of Burial, Oct 11th

Undertaker, John Wilson

Place of Business, 141 S. Cowdrie St *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry McNewen [OVER.]
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 78816 Office of Registrar of Vital Statistics. Ward 5 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT OCT 10 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Forester

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~11~~ *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 231 E Madison St

Cause of Death, First (Primary), Cerebral Meningitis

Second (Immediate), " with Coma

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 12 94

Undertaker West & Hickman

Place of Business,

J. H. Robinson M. D.
Medical Attendant.

Address, 28 E Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special A[illegible] Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 78817 *Office of Registrar of Vital Statistics.* Ward 6.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 21 years

Place of Death, {Give Street and Number.} No 21 Philadelphia Road

Cause of Death, First (Primary), Frail constitution

Second (Immediate), extreme exhaustion

Duration of Last Sickness, about five months

All the above information should be furnished by the Physician.

Place of Burial, Asbury E. Cemetry

Date of Burial, Oct 10th 1884

Undertaker, Wm M Dunger

Place of Business, No 62 East 21

Milton A Taylor M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 78818 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irvin Edgar Baker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 7 *Months,* — *Days,*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 554 N Lombard

Cause of Death, First, (Primary,) Croup

Second, (Immediate,) Obstruous pneumonia

Duration of Last Sickness, Eleven Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct. 11/84

Undertaker, J. B. Cook & Co

Place of Business, 707 W. Balto St *Address,* Balto Cathedral

H Nelson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases &c.

Health Department, City of Baltimore.

Permit No. 7819 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 10. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Brownie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this case.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 128 Welcome alley

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Roby Cem

Date of Burial, Oct 10/884

Undertaker, W W Maddux

Place of Business, 76 Eastern

W. S. Bogue M. D.
Medical Attendant.

Address, 240 Shanford

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78820 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10 oct 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Priscilla Ross

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months.* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 276 Eastern ave

Cause of Death,
First (Primary), Exophthalmic Goitre associated with mitral Disease of heart
Second (Immediate), Failure of Heart Dilatation

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, October 12 1884

Undertaker, H. Sander & Son

Place of Business, 242 Canton a *Address,* 34 E. Balto. st.

B. F. Lemmon *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o

Board of Health, City of Baltimore,

Permit No. 7882 / *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Huss

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* 7 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Exter, Kreis Herford, Regierungsbezirk Minden Preussen

Duration of Residence in the City of Baltimore, 1 Yr. 30 Mon.

Place of Death, {Give street and number.} S. S. Braunschweig Locust St

Cause of death, First, (Primary,) ———

Second, (Immediate,) Bronchitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, October 10th 84

Undertaker, H. C. Sandy & Son

Place of Business, 252 Canton Av

Dr. Liethegener, M. D., Medical Attendant.

Address, S. S. Braunschweig

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ...

Health Department, City of Baltimore.

Permit No. 38822 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schild

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 42 *Years,* 5 *Months.* 13 *Days*

Color, White

Married, ~~Single,~~ ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Ruffling Manufacturer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give Street and Number.} 321 East Chase St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Harmorrhage from lungs

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 12th 1884

Undertaker, Adam Fink

Place of Business, 1611 Gay St

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 78823 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Kraus. (2)

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, — *Years,* — *Months,* — 1/2 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 208 Gay St.

Cause of Death, First (Primary). Premature birth

Second (Immediate). Unknown.

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 11th 1884

Undertaker Christian Weber

Place of Business, 60 Fremont Ave

J H Robins M. D.
Medical Attendant.

Address, 25 1/2 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78824 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Boston.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, "Colored"

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washer woman.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give Street and Number.} 21 L. Wash St.

Cause of Death, First (Primary), Hypertrophy of the Heart

Second (Immediate), Exhaustion.

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Oct 11th 1884

Undertaker, Wm M. Duncan

Place of Business, No 62 East St

T. Ricketts M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 7885 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E Trageser

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 15 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 258 E Biddle St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Marasmus

Duration of Last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, October 13 ~ 1884

Undertaker, Henry Rieck

Place of Business, 329 N Pendleton St

J. W. Schaer M. D.
Medical Attendant.

Address, 258 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 78826 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 11 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Leonard Mettee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 3 *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 132 Granby St.

Cause of Death, First (Primary), Entero Colitis

Second (Immediate), Asthenia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 12" 84

Undertaker, H. W. Meads

Place of Business, 71 Gay St

T. F. Moyer M. D.
Medical Attendant.

Address, 1 S Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 7882 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lee Roy Wagner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 184 William St

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. Algans Cemetery

Date of Burial, October 11

Undertaker, B. Healy

Place of Business, 62 West Pratt St.

R. J. H. Tall M. D.
Medical Attendant.

Address, 1528 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 78828 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Bertha Virginia Lange

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 yrs *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 21 Campbell St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) ...

Duration of Last Sickness, Two weeks —

All the above Information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Oct 11th 1884

{ *Undertaker,* B. Hanly

{ *Place of Business,* West St *Address,* 311 W. Pratt and St.

R. F. Phillips *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 78829 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard H. Armingdale

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* 1 *Months,* *Days,*

Color, White

~~Married~~, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Easton Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 132 N Mount St

Cause of Death, First, (Primary,) Scorbutis Typhoid Fever

Second, (Immediate,) ~~Perforation of the~~ bowels

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hampden Balto Co

Date of Burial, Oct 12th 84

Undertaker, H. Lewis Schaffer

Place of Business, 109 N Fremont

J. H. Grimes M. D.,
Medical Attendant.

Address, 259 Mary ann Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases &c.

Health Department, City of Baltimore.

Permit No. 78830 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Holzapfel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2½ years

Place of Death, {Give Street and Number.} 10 Windsor Ct

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Oct 12th/84

Undertaker, F. N. Zoll

Place of Business, 131 Hanover St *Address,* 146 Hanover St

Pedro Cortes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78831 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George N. Vogt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* 6 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Brewer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Nineteen years

Place of Death, {Give Street and Number.} # 78 Thames St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Church Cemetery

Date of Burial, Oct 12th 1884

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

John H Kellberger M. D.
Medical Attendant.

Address, 743 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 78132 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Herbert Cartwright

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 2 Days, 26

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 92 Potomac St Balto Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 92 Potomac St

Cause of Death, First, (Primary,) Chol Infantum.

Second, (Immediate,)

Duration of Last Sickness, One Month.

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Oct. 12. /84

Undertaker, M. A. Dayer

Place of Business, 74 S. Bway.

E. W. Parvey M. D.,
Medical Attendant.

Address, 83 Canton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78833 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 10 '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harietta Berry

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hagerstown

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} No. 1 Christian Ave,

Cause of Death, First (Primary), Asthma

Second (Immediate), Suddenly

Duration of Last Sickness, Dead

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Oct 12/84

Undertaker, Sam'l W Chase

Place of Business,

Wm A Jones M. D.

~~Medical Attendant~~ Coroner

Address, 326 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and [illegible]ist of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 7883 — *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

Date of Death, October 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth D. Cain

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about (20) years

Place of Death, {Give street and Number.} Md. Home, Refinery & Broadway

Cause of Death. First (Primary), Marasmus Senilis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Oct. 11 1884

Undertaker Armstrong & Denny

Place of Business, 263 Light St. *Address,* Md. Home, Ref.

H. Glenn M. D.
Medical Attendant.

E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases &c.

Health Department, City of Baltimore.

Permit No. 78835 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Frances Priscilla Green

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 8

Place of Death, {Give Street and Number.} 12 Clarkson St.

Cause of Death, First (Primary), Gastro enteritis

Second (Immediate), Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 11. 1884

Undertaker, H Poss

Place of Business, 25 Conway

W. H. Ellis M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases ...

Board of Health, City of Baltimore.

Permit No. 78836 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, 10th Oct 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnes Gertrude Hart

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, Years, 1 Months, 14 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 65 York

Cause of Death, First (Primary). phthisis

Second (Immediate).

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Stouts Feales Cemetery

Date of Burial, oct 11

Undertaker M Doyle

Place of Business, 1008 Charles St

H. W. Debuta M. D.
Medical Attendant.

Address, 57 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak..., or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 78837

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, October 18 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jones

Sex, ~~Male or Female~~, {Cross out the words not required in this line.}

Age, 18 *Years,* 9 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore and Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 Monroe St

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,) Pulmonal Phthisis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Oct. 13/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St.

F. Duvall M. D.
Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 78838 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 11/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John P. Hazlinton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 19 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 565 W. Lombard

Cause of Death, First (Primary), Pneumonia —

Second (Immediate), Hydrothorax —

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Oct. 12/84

Thos Obie M. D.
Medical Attendant.

Undertaker J. B. Cook

Place of Business, 707 W. Balto. St *Address,* 179 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 78889 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Mann Fowler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 10 *Days.*

Color. White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 372 Mc Henry St

Cause of death, First, (Primary,) Congestion of Brain

Second, (Immediate,) Convulsions

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Oct 12/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

J. H. D. Jordan M. D.,
Medical Attendant.

Address, 632 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 78840 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Engelhardt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months. 10 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} 1207 S. Ann St

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, H. Carroll Cemetery

Date of Burial, October 12th/84

Undertaker, John C. Schuh

Place of Business, 265 Aliceanna Address, 1243 Aliceanna

John K. Kellinger M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 11 P. '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evan J. Smith

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 9 *Years,* 9 *Months,* 9 *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Penn.

Duration of Residence in the City of Baltimore, 10 mos.

Place of Death, {Give street and number} 215 N. Townsend St.

Cause of Death {First, (Primary,) Diptheria

Second, (Immediate,) Heart clot probably

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 12th 1884

T. Barton Bruce M. D.
Medical Attendant.

Undertaker,

Place of Business, *Address,* 365 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Physician to accompany service to the Undertaker below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78542 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gypsie Wheatley

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days,*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

~~Birthplace~~, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 203 Vincent alley

Cause of Death, First, (Primary,) Inflammation

Second, (Immediate,) Meningitis (Spinal)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 17th 1884

Undertaker, Wm N. Dunger

Place of Business, No 62 East St

Wm Wright M. D.,
Medical Attendant.

Address, 221 Sydney St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7843 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnie Sellman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 10 15 Parish alley

Cause of Death; First, (Primary,) Consumption -

Second, (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 12th 1884

Undertaker, W. H. Dwyer

Place of Business, No 42 East-st

G Harvey Hill M. D.,
Medical Attendant.

Address, Calhoun & Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

78844 **Board of Health, City of Baltimore,**

Permit No. 23 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 11th " 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredrica S Baetz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 53 *Years,* *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and Number.} 32 Bank St

Cause of Death, First (Primary), Phthisis Pulmonalis with Cardiac Comp

Second (Immediate). Valvular Disease & Gastritis

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, October 12th 1884

Undertaker Leonhard Feuerz

Place of Business, 27 S. Bond St. *Address,*

J. W. J. Carter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1884 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, October 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Brown

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, Nineteen

Place of Death, {Give street and number.} 30 Prestman

Cause of Death, First (Primary,) Chronic Diarrhoea

Second (Immediate.)

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cem

Date of Burial, Oct 12/84

Undertaker, F A Kirchner

Place of Business,

Edward E Sadler M. D.
Medical Attendant.

Address 565 South Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78846 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Herman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} No 52 S Wolfe St

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Oct 12 1884

Undertaker, G. Franer

Place of Business, Banks & Wolf *Address,* 24 S Bond

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecilia Enders.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 50 *Years,* *Months,* *Days.*

Color, White — *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Geismar Grosherzogthum Sachsen Germany

Duration of Residence in the City of Baltimore, 10 Years.

Place of Death, {Give street and number.} 965 Gullingston Av

Cause of Death, First (Primary,) Gastric Fever.

Second (Immediate,) Typhoid Fever.

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Oct 12 84

J. M. Eviskill, M. D.
Medical Attendant.

Undertaker, G. Franc

Place of Business, Bank & Wolfe Sts. *Address* 23 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78848 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 12/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lata Zrie

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 237 S. Mosher St

Cause of Death, First (Primary), Diphtheria Maligna

Second (Immediate),

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, October 12th

Undertaker, Wendel Dippel

Place of Business, N. Bond St. 151

R. W. Manstin M. D.
Medical Attendant.

Address, 5 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[Over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18449 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 12 1884

CERTIFICATE OF DEATH.

Date of Death, Oct. 11/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Price

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 237 Lombard St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, October 12th

Undertaker, Wendel Dippel

Place of Business, S. Bond at. 151

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7850

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7850 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Antonia Nunez

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* — *Months,* — *Days,*

Color, ed White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 116 E Fayette St,

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), Tubercular Meningitis

Duration of Last Sickness, 9 days

the above information should be furnished by the Physician.

Place of Burial Locust Cem,

Date of Burial, Oct 13th 1884 A R Lucas M. D.

Medical Attendant.

Undertaker Wm J Gray

Place of Business, 65 Mulberry *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Certificate.

Health Department, City of Baltimore.

Permit No. 78857 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 11 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Eugene McGuinn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, 4 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 28 Addison St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 12 1884

Undertaker, James A Byrne

Place of Business, No 63 N Front St

H. Shutt M. D.
Medical Attendant.

Address, 1409 Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Place of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78852 *Office of Registrar of Vital Statistics.* Ward 10 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Kent

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 9 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 4 years 9 months

Place of Death, {Give street and Number.} 153 Pierce St

Cause of Death, First, (Primary,) Hooping Cough

Second, (Immediate,) Consumption

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial Evergreen Cemetery

Date of Burial, Oct 13/1884

Undertaker, Wm Thursby

Place of Business, Address, 150 N Eutaw St and 821 N Bedford St

J. A. Gillis M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78853 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 13. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel P. Ford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 70 N. Charles St.

Cause of Death, First (Primary), Abnormality malformation

Second (Immediate), Asphyxia

Duration of Last Sickness, Instantaneous

All the above information should be furnished by the Physician.

Place of Burial, Balto. County

Date of Burial, Oct. 13/84

Undertaker, Fry & Sons

Place of Business, 81 W. Broadway

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Bas. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78854 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis G. Shafer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tobacconist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md

Duration of Residence in the City of Baltimore, Abt 12 Years

Place of Death, {Give street and Number.} Round house B&O R.R. Ohio Ave

Cause of Death, First, (Primary,) Injuries rec'd, suffered from a R.R.

Second, (Immediate,) Accident

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial Howard Co. Md

Date of Burial. Oct 14' 1884

Undertaker, C. L. Shafer

Place of Business, Howard Co

Signed Jno J Bell M. D., Medical Attendant.

Address, Corner Lee & Howard Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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...spective Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78855 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Myers

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 287 N Barrellton av

Cause of death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct 13th 1884

Undertaker, Henry & Mitchell

Place of Business, 550 W Fayette St

W K McSherry M. D.,
Medical Attendant.

Address, 682 N Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78856 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roy Holland Hoskins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} No 214½ East Fayette Street

Cause of Death, First (Primary), Teething

Second (Immediate), Congestion of the brain

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 13th

Undertaker, Geo Schilling

Place of Business,

Milton A Taylor M. D.
Medical Attendant.

Address, 138 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, (13

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

(2

CERTIFICATE OF DEATH.

Date of Death, Oct. 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. R. Crittenden

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 3 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, 3 mo. & 17 dys

Place of Death, {Give street and number} 444 N. Balto St.

Cause of Death { First, (Primary,) — / Second, (Immediate,) Cholera Infantum

Duration of last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 13/84

Undertaker, H W Jenkins & Son

Place of Business, —

R. C. Lee M. D.
Medical Attendant.

N W Co

Address, Hanover & Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78858 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Rooney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~——~~ *Years,* ~~——~~ *Months,* 3 *Days,*

Color, White

Married, Single, Widow~~er~~, ~~Widower~~, {Cross out the word not required in this line.}

Occupation ~~——~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} #285 S. Eutaw st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} #285 S. Eutaw st

Cause of Death, First (Primary),

Second (Immediate) Congestion of Lungs

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 13 1884

Undertaker C. F. Krause & Son

Place of Business, Address, 144 Hanover St

Geo. W. T. Denson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78859

Office of Registrar of Vital Statistics.

13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 10, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Hawthorn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Mecklenburg Co, Virginia.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 184 Vine St.

Cause of Death, First, (Primary.) Peritonitis

Second, (Immediate.) Complication of causes.

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 12 - 1884

Undertaker, H W Madden

Place of Business, 46 East St

He M. Simmons, *M.D.,*
Medical Attendant.

Address, 223 N. Sambord St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78868 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 12/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Madelina V. Wm. Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 14 Bolton St

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Inanition

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, Oct 13/84

Undertaker, W. Lemmel

Place of Business,

James A. Steuart, M. D.
Medical Attendant.
Com. of Health & Registrar
per M. Shaw
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo. E. Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Lis[illegible] Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78861 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 13 1884

CERTIFICATE OF DEATH.

Date of Death, October 12th. 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick Lennan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 40 *Years,* ~~~ *Months,* ~~~ *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, twenty Years

Place of Death, { Give street and Number. } 1 Will Street

Cause of Death, First, (Primary,) ~~~

Second, (Immediate,) Cholera Morbus.

Duration of Last Sickness, Six hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial. October 14

Undertaker, W Dixon

Place of Business,

A. L. Oshiel Jr. M. D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78862 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lot Emer Norton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— Years, Six Wks Months. Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 26 Columbia Ave

Cause of Death, First (Primary), Hooping Cough with

Second (Immediate), Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lt Peters

Date of Burial, 13 October

Undertaker, B Hurley

Place of Business, No 92 West St

Edw L. Michael M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hammond

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, Colored *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Wash Woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, all her Life

Place of Death, {Give street and number.} 221 Chesnut Alley.

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 13 1885

{*Undertaker,* S W Chase
Place of Business, 19th Broward st

Frank P. Gamon M. D.
Medical Attendant.

Address 187 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hy. C. Dameron

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 37 *Years,* 6 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Mariner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number} 356 E. Lombard St

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct - 14/84

Undertaker, N. F. Curran

Place of Business, 53 S Broadway

R. C. Leem. D.
Medical Attendant.

N. W. cor

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 7865

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78865 *Office of Registrar of Vital Statistics,* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Leonard Farrell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 84 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Coal Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 165 E Fayette St

Cause of Death, First (Primary), Cancer of the face

Second (Immediate)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemy

Date of Burial, Oct 13th 1884

Undertaker, Dunning & Mitchell

Place of Business, 65 S Broadway *Address,* Balto

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

7886

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78866 *Office of Registrar of Vital Statistics.* Ward 3"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 12th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sgt A May

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1st — *Years,* 1 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 57 Gough st

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 13th 1884

Undertaker Lemmy & Mitchell

Place of Business, 65 S Broadway

L Oldmixon M. D.
Medical Attendant.

Address, 12 S Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78867 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Desall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} # 263 S. Dallas St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Croup

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, October 14th '84

Undertaker, Mr Tunis

Place of Business, 35 Bank St. *Address,* 143 Aliceanna St.

John H Keating M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78868 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. W. Disney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* 10 *Months.* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Pressman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} Harford ave No 309 Baltimore

Cause of Death, First (Primary), Cystitis Traumaticus.

Second (Immediate), Anemia & general prostration

Duration of Last Sickness, 4 or 5 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 14 1884

Undertaker, Henry McGinnis

Place of Business, #8 N Eutaw

R. G. Rankin M. D.
Medical Attendant.

Address, Waverly. Balto Co. Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78869 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Stiles

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Penn

Duration of Residence in the City of Baltimore, ~~4 Yrs~~ Yrs

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,) Dysentery

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Bal Cemetery

Date of Burial, Oct 18 "/84

Undertaker, Geo Rinehart

Place of Business, ——— *Address,*

R B Walker M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78870 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October, 12 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Serena Webster

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and Number.} 80 S Bond St

Cause of Death, First (Primary),

Second (Immediate). Phthisis Pulmonalis

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Harford Co Md

Date of Burial, Oct 14th 1884

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 88 S. Baltimore St

A Greenhow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

543½ Fremont

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78871 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Moore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 147 Lanvale st.

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 15th

Undertaker H. C. Wiedefeld

Place of Business, 98 Greenmount Av

Jno. Burke Ben[illegible] M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78872 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Adam Neumann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} S. E. Cor Hamburg & Ridgely Sts

Cause of Death, First (Primary),

Second (Immediate), Delirium Tremens

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 14th 1884

Undertaker, Ernst Schlaman

Place of Business, 181 Sharp St *Address,* 152 Sharp St.

R. J. N. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 28873 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles. W. Wilmer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 1 *Days*

Color, col

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md Life Time

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 57 Burgundy Alley Thrush

Cause of Death, First (Primary),

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 13/84

Undertaker, H Rose

Place of Business,

James A. Steuart M. D.
Medical Attendant
Com. of Health Registration
Address, 1211 McShane

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo E Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78874

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Earle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years.* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Waiter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Queen Anne Co Md

Duration of Residence in the City of Baltimore, 12 Yrs

Place of Death, {Give street and number.} 30 1/2 Courtland St

Cause of Death, First, (Primary.) Phthisis Pulm

Second, (Immediate.)

Duration of Last Sickness, 10 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Oct 13th 1884

Undertaker, Thos J Locke

Place of Business, 73 Jefferson st

N. H. Kuhns M.D.,
Medical Attendant.

Address, 143 N Chas St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78875 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph F Boston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 / *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs House

Cause of Death, First, (Primary,)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 1-13

Undertaker, Geo. A Bluxed

Place of Business, 201 Lanvale

Thos. S. Latimer M. D.,
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 12/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William E. Whitmarsh

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 68 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 17 Clinton Ave.

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) "

Duration of last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 14

Undertaker, Geo. H. Hyde

Place of Business, 241 Pine St.

H. R. Fetterhall M. D.
Medical Attendant.

Address, 705 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78877 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Reed

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 96 Fremont st

Cause of Death, First (Primary), whooping cough

Second (Immediate), Bronchitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer C[illegible]

Date of Burial, Oct 14 1894

Undertaker Henry Hook

Place of Business, 306 N Central Av *Address,* 93 Valley st

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 78878

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78878 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 12/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Francis Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days,*

~~*Color,*~~

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Fairfax Co Va

Duration of Residence in the City of Baltimore, about 28 years

Place of Death, {Give street and Number.} 606 W. Fayette St

Cause of Death, First (Primary), Epithelioma of cervix uteri

Second (Immediate), Asthenia — Cancer of uterus

Duration of Last Sickness, Two years about

All the above information should be furnished by the Physician.

Place of Burial London Park Cemy

Date of Burial, Oct 14th 1884 C. C. McDowell M. D.

Medical Attendant.

Undertaker Henry Whitehead

Place of Business, 606 W. Fayette St Address 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78879 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur M. Donner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* 9 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 430 W Lorey st

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, about 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct 14th 1884

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

Wm. R. McKeen M. D.,
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfu … List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 84. 8. P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. C Edwards.

~~*Sex,*~~ *Male or ~~Female~~,* {Cross out the word not required in this line.} Male

Age, 46 *Years,* — *Months,* — *Days.*

Color, White — *Sex,* Married

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, School Lefted Ball.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} all his life —

Duration of Residence in the City of Baltimore, 168 Arlington Ave

Place of Death, {Give street and number.} Heart disease (Acute Insufficiency

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) ...

Duration of Last Sickness, Since 10th 84.

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, Lee Followin[illegible]

Place of Business, ...

J. H. Hartman — M. D.
Medical Attendant.

Address dec 7th 44 Franklin St
Nov 7th 5 W. Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...of this Certificate.

Board of Health, City of Baltimore,

(21

Permit No. 78880

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. G. Edwards.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 42 *Years,* — *Months,* — *Days.*

Color, White — *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, School Superintendent

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md —

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 168 Arlington Ave.

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) —

Duration of Last Sickness, Since Oct 10th '84.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Oct 15 - 1884

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

J H Chatman M. D.

Medical Attendant.

H. Trunkey

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78881 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Carey,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months.* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, About 23 Years.

Place of Death, {Give Street and Number.} 360 Mc Henry St.

Cause of Death, First (Primary), Consumption.

Second (Immediate),

Duration of Last Sickness, About 8 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Pitts Cemetery

Date of Burial, Oct 15

Undertaker, Jos H Cook

Place of Business, 707 W Baltimore

John M. White M.D.
342 N. Broadway M.D.
~~Medical Attendant.~~

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78882 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 12th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilson H. Myers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 8 *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Can Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Maryland

Duration of Residence in the City of Baltimore, about 15 Years

Place of Death, {Give Street and Number.} 25 East St.

Cause of Death, First (Primary), Phthisis Pul.

Second (Immediate),

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 13th 1884

Undertaker, Wm H Draper

Place of Business, No 62 East 21

F. G. Murgan M. D.
Medical Attendant.

Address, 18 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78883 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. C. Beard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* —— *Months,* —— *Days,*

Color, Wh

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 30 N. Regester St

Cause of Death, First (Primary), Gastritis

Second (Immediate) Asthenia

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 14th 1884

Undertaker Henry W. Mears

Place of Business, 45 N. Gay St

E. P. Britton M. D.
Medical Attendant.

Address, 51 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 98884

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Tendick Tendick

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 30 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 115 Dolphin Ave

Cause of Death, First, (Primary.) Ovarian Tumor

Second, (Immediate.)

Duration of Last Sickness, Two Mos

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Oct 15th 1884

Undertaker, Walter Immel

Place of Business, 315 W. Biddle St

M. S. Knees *M.D.,*
Medical Attendant.

Address, 140 St Chas

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 13/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} child of Edward and Christina Zimmerma

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 1 day 8 hrs ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 8 E Monument St

Cause of Death, {First (Primary,) ..... Second (Immediate,) Asphyxia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Myers Cemetery Balto Co Md

Date of Burial, Oct. 14/84

Undertaker, J. B. Cook

Place of Business, 707 W Balto St

Thos. J. Ward M.D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Undertakers is respectfully invited to the blanks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 13/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter E. Huffington

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 2 *Years,* 11 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 237 N. Eden St

Cause of Death, First, (Primary,) Membranous Croup

Second, (Immediate,) Asphyxia

Duration of last Sickness, about Ten (10) days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 13/84

H. B. Fetterhoff M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 E. Balt St. *Address,* 205 N. Bridle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78887 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 13 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Coslow

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 7 *Years,* ..... *Months,* ..... *Days*

Color, W

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 1414 Lafayette St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), ...

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 14th 84

Undertaker, G B Lafferman

Place of Business, 121 Penna Ave

H. A. Hous M. D.
Medical Attendant.

Address, Cary & Preston

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 10888

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78888 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY HALL OCT 16 1884

CERTIFICATE OF DEATH.

Date of Death, October 13. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elisabeth Weeberlein

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 6 *Years,* 10 *Months,* *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Belair avenue 7th Olivia Ad.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Septicaemia

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 14th

Undertaker Geo Schilling

Place of Business,

J. Fussell Mantenet M. D.
Medical Attendant.

Address, Belair Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 78889 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Beatrice Beatty Peak

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* Two (2) *Months,* ~~Two~~ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 130 S. Arch St.

Cause of Death. First (Primary), Marasmus

Second (Immediate), Convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetary

Date of Burial, Oct 15th

E. P. Byrnes M. D.
Medical Attendant.

Undertaker J. F. Curran

Place of Business, 53 S Broadway *Address,* 375 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 78890

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78890 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 12. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Grau

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Fireman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 292 E. Chase st.

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate), Hæmoptysis

Duration of Last Sickness, 6 months

the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, Oct. 14. 1884

Undertaker Wm. H. Hackman

Place of Business, 234 E. Gay St.

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78891

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev. Wilford Downs.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male.

Age, 57 *Years,* 7 *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married.

Occupation, Minister of the Gospel

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Rockbridge County Va.

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} 251 N. Caroline St.

Cause of Death, First, (Primary.) Pneumonia.

Second, (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, 2 Years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, Oct. 15. 1884

Undertaker, Wm. A. Hickman

Place of Business, 234 N. Gay St.

Jno. T. Powell. M.D.,
Medical Attendant.

Address, 227 Carrollton Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78892 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13 Oct. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Belle Boyd

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 22 *Months.* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 82 Boston St

Cause of Death,
First (Primary), Chronic Entero-Colitis
Second (Immediate), Asthenia

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery.

Date of Burial, 14th Octr 1884

Undertaker, Jno H Nicolaus

Place of Business, 258 Aliceanna

B. F. Leonard *M. D.*
Medical Attendant.

Address, 314 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 78893

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78893 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CHEMICAL LABORATORY OCT 14 1884

CERTIFICATE OF DEATH.

Date of Death, Oct 13/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant C. & Harriette Mortorson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 15 Minutes ~~Years,~~ ~~Months.~~ ~~Days~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 15 Minutes

Place of Death, {Give Street and Number.} No. 81 E. Fayette St

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Laurel Cemetery

Date of Burial, Oct. 14th 1884

Undertaker,

Place of Business,

Thomas Shearer M. D.
Medical Attendant.

Address, No. 97 E. Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78894 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Ingraham Grammer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 10 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Student

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 289 N. Gilmor St

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 45 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy.

Date of Burial, October 14th 1884

Undertaker,

Place of Business,

C Winslow M. D.,
Medical Attendant.

Address, 23 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7 8 8 9 5

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78895 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 13 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Grant

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 4 *Months,* — *Days,*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 16 N Eden St

Cause of Death, First, (Primary.) Enlargement of Thymus

Second, (Immediate,) Obstruction of Bronchial Tubes

Duration of Last Sickness, About 6

All the above information should be furnished by the Physician.

Place of Burial, Mary Peemeter

Date of Burial, Oct 14 1884

Undertaker, S W Chase

Place of Business, 198 Howard

O T Wilson M. D.,
Medical Attendant.

Address, Balto Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased; and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 10076

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78896 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 13th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Proxell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 68 *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Druid Hill Ave 1333

Cause of death, First, (Primary,) Cancer of Face

Second, (Immediate,) "

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Paul's P. E. Cem'y

Date of Burial, 14 Oct

Undertaker, Chalmers & Co

Place of Business, 2425 Pennsa Ave

A. C. Fox M. D.,
Medical Attendant.

Address, 88 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78897 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct the 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Bernard King

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 4 Months. Days

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, For Live time

Place of Death, {Give Street and Number.} No 7 Central Market

Cause of Death, First (Primary), Colerara Infentum

Second (Immediate),

Duration of Last Sickness,

All the above information should to furnished by the Physician.

Place of Burial, Balt Cemetary

Date of Burial, Oct 14th 1884

Undertaker, Hence & McGuire

Place of Business, Plowman & *Address,* Dr

James A. Stuart, M. D.

Medical Examiner.

Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Emanuel Weinman

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78898 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED Oct 14 1884

CERTIFICATE OF DEATH.

Date of Death, October 12th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Campbell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* *Months,* *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Launders

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, abont four years

Place of Death, {Give street and Number.} 165 N Central Avenue

Cause of Death, First (Primary), Pelvic abscess

Second (Immediate),

Duration of Last Sickness, abnt five weeks

All the above information should be furnished by the Physician.

Place of Burial, Northumberland County

Date of Burial, October 13th 84

Undertaker Chas S Butler

Place of Business, 32 N Gardiner

D W Cathell M. D.
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3433 Transit [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78899 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 6 Werner.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oct. 13-1884

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* 24 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cigar maker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 60 S. Central Home -

Cause of Death, First (Primary), Phthisis Pulmonalis

Socond (Immediate),

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Oct 15th

Undertaker, Fred Gaede

Place of Business, 298 Caroline

Alfred Whitehead Hall M. D.
Medical Attendant.

Address, 78 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78900 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman H Sunwalt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 3 Months. 8 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} No 2 Eden st Court

Cause of Death, First (Primary), Premature birth

Second (Immediate), Convulsions

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, A. A. Co Md

Date of Burial, Oct 15th 1884

Undertaker, Fred Gaede

Place of Business,

James A. Stewart M. D.

~~Medical Attendant~~.

~~Address~~, Registrar Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M. M. Kewen [OVER.]
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78901 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Ford (Mother Name)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Years, 6 Months, 2 Weeks Days

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 161 Hargrove Alley

Cause of Death, First (Primary), Cold

Second (Immediate), Bronchitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, City Cemetery

Date of Burial, Oct 14th 84

Undertaker, Leo Reinhart

Place of Business, City Hall

James A. Stewart M. D.

Medical Attendant.

Dep H Health Registrar

Address, Res McShane

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Dep H. Registrar
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78902 *Office of Registrar of Vital Statistics.* Ward 6 4/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10 mo 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 131 N. Dallas St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Sewall Cemetery

Date of Burial. Oct 14, 1884

Undertaker, Wilson & Dyer

Place of Business, 462 East [illegible] *Street* *Address,*

W. Riley, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78903 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 14 1884

CERTIFICATE OF DEATH.

Date of Death, Oct 13 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Lee

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days,*

Colored

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 133 Chestnut st

Cause of Death, First (Primary), Hemiplegia for 3 years

Second (Immediate), Apoplexy

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial Lewis Cemetery

Date of Burial, Oct 15 1884

Undertaker William Wingo

Place of Business, # 62 East 8th

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78904 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Martenett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 2 Hours ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore My

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 37 N Chapel st

Cause of Death, First (Primary), Premature birth

Second (Immediate), Asthenia

Duration of Last Sickness, Ale it's life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Oct 15th 1884

Undertaker, Veach & Co

Place of Business,

James A. Stewart M. D.
Medical Attendant.
Com. of Health ~~Registrar~~

Address, 344 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M. Lewis
Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7905 *Office of Registrar of Vital Statistics.* Ward 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Scott,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* ..... *Months,* ..... *Days*

Color, W-

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Printer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, During life-

Place of Death, {Give Street and Number.} 12 N. Pine St-

Cause of Death, First (Primary), Phthisis Pulmonalis-

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 mths-

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Oct 15th 1884

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Greenmt

T. Ricketts M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marian L. Straughan

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 55 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, ~~Female~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lancaster Co. Va.

Duration of Residence in the City of Baltimore, About 2 weeks

Place of Death, {Give street and number} 135 Hanover St.

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Ex Exhaustion

Duration of last Sickness, About two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Kanah, Northumberland Co. Va

Date of Burial, Oct 15th 1884

Nathan R. Gorter M. D.
Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 109 W. Fremont St. *Address,* 45 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 7890?

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7890? *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sturgiss

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 720 Hanover St

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Meningitis (Cerebral)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 15. 1884

Recorded Oct 16 M. D.

Medical Attendant.

Undertaker Armstrong & Dorsey

Place of Business, 263 Light St *Address,* 116 W Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18708 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Geiger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 2 *Months.* ~~~ *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 123 S Spring St

Cause of Death, First (Primary),

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 15th

Undertaker M. Hunt

Place of Business,

James A. Stewart, M. D.

~~Medical Attendant.~~ Com. of Health Hospital

Address, Dundalk

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78909 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 16 '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Helen Southcomb

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, — *Years,* 4 *Months.* *Days*

Color, W.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Infant

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give Street and Number.} 19 N. Amity St

Cause of Death, First (Primary), Cholera Infantum 12

Second (Immediate),

Duration of Last Sickness, Dawit 15 min before death, Nov 16

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 16

Undertaker, J B Cook

Place of Business, 702 W Baltimore *Address,* 467 N. Fayette St

L. L. Gilling M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78910 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 13th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Hollander.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* 5 *Months,* 19 *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Furniture

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 51, N. Carey St.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Tuberculosis.

Duration of Last Sickness, Suffering Several years. Under Treatment 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Bath Hebrew Cong. Cemetery

Date of Burial, Oct 16th

Undertaker, J. Levi Geusler

Place of Business, 22 N. Pratt St

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78911 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Simmons

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 376 Madison Ave

Cause of Death, First, (Primary,) old Age

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, October 17th 1884

Undertaker H. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts.

E. W. Williams, M. D.,
Medical Attendant.

Address, 121 W. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lawrason Riggs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Georgetown, D. C.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 81 Cathedral St

Cause of Death, First (Primary,) Hypostatic Pneumonia

Second (Immediate,) Asthenia & Congestion of Lungs

Duration of Last Sickness, 17 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 15th October 1884

S. H. Chew *M. D.*
Medical Attendant.

Undertaker, C. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts. *Address* 141 Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78913 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie M. Brubaker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 233 S. Eutaw St

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, 5 or 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Oct 15th 1884

Undertaker, Dieterick Wiegand

Place of Business, 166 Druid Hill Ave

Chas A. Beel M. D.
Medical Attendant.

Address, 102 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78914 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible] Pitts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* [illegible] *Days*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 1 + 7

Place of Death, {Give Street and Number.} 22 Minter St

Cause of Death, First (Primary), Pertussus

Second (Immediate), Apnoea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 15

Undertaker, H Ross

Place of Business, 15 Lombard St

R. P. Ellis M. D.
Medical Attendant.

Address, 313 Dyer St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78915 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Hess

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 202 Columbia Ave

Cause of Death,
First (Primary), Malaria
Second (Immediate), Congestion of Brain,

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 16th 1884

Undertaker, John S Mackey

Place of Business,

D. H. Gurney M. D.
Medical Attendant.

Address, 76 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78916 *Office of Registrar of Vital Statistics.* Ward 8"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Moran

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 11 years.

Place of Death, {Give Street and Number.} 217 N. Exeter St.

Cause of Death, First (Primary), Typhoid fever & Pneumonia

Second (Immediate), Bulbar Affection

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bonne Brea cem

Date of Burial, Oct 17th 1884

Undertaker, STEWART & BOWEN, UNDERTAKERS.

Place of Business, 35 Park Ave.

Claude Van Bibber M. D.
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 18917 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 13th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter Hogan

Sex, Male or Female. { Cross out the word not required in this line. }

Age, 57 *Years,* ——— *Months.* ——— *Days.*

Color, White

Married, ~~Single,~~ Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Tailor Tailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and Number. } 68 Hillman st.

Cause of Death, { First (Primary). Phthisis Pulmonalis

Second (Immediate). 1 month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Oct 15th 84

Undertaker G. Franc

Place of Business, Bank & Wolfe St. *Address,*

Geo Brooke Keating M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7878 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October ~~September~~ 13-87 (Oct 13th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Conroy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 Years, ... Months, ... Days

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waterman (Capt of oyster boat)

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Nineteen Years

Place of Death, {Give Street and Number.} Millers wharf (foot of Leakin Street)

Cause of Death, First (Primary), Accidentally Drowned

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Oct 16th 87

Undertaker, G. France

Place of Business, P. Jones & Wolfe St. *Address,* 608 Aliceanna Street

Medical Attendant H. Hall Rutledge M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78919 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct. 15, 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Galway

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* ..... *Months.* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 5 Spring Garden

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 15 1884

Undertaker, H Bass

Place of Business, 95 Conway St

C. C. Berry M. D.
Medical Attendant.

Address, 210 Shaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 18920

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78920 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Oct 13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McCarty

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 303 N. Front

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, About 8 Months

the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Oct 16th 1884

Undertaker Henry W. Means

Place of Business, 45 N. Gay St.

Chas A. Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78921 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Melia

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} County Galway. Ireland

Duration of Residence in the City of Baltimore, 1 year 5 months

Place of Death, {Give Street and Number.} 330 Eastern Avenue

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, Oct. 1884

Undertaker, M. A. Sauer

Place of Business, Broadway *Address,* 417 E. Pratt Street

James S. McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18922 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen I. Ritterbusch

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ~~Years.~~ 2 Months, 5 Days

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 433 Eastern Avenue

Cause of Death,
First (Primary), Tubercular Meningitis
Second (Immediate),

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, October 16 84

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave

Thomas B. Evans. M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2.. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 78923

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78923 *Office of Registrar of Vital Statistics.* Ward 6 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 15th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mary Woodward

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 56 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 39 years.

Place of Death. { Give street and Number. } 374 Durham

Cause of Death, First (Primary),

Second (Immediate) Cancer of the Omentum

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Westminster Md

Date of Burial, Oct 16 1884

Undertaker Henry Hoeck

Place of Business, 303 W Pratt St *Address,*

Prof Burke Bond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3437 transit [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78924 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes McMahon

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 6 *Years,* 8 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 349 Mulberry

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct. 16. 1884.

Undertaker, Matthew Cadogan

Place of Business 227 Mulberry St *Address,* 283 W. Lombard

Edw F. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78925 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 15th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Tiernan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} ~~277~~ 273 E. Ann St

Cause of Death, First (Primary), Trismus Nascentium

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 16 October 1884

Undertaker, John A. Schuck

Place of Business, 273 Aliceanna St

John H. Kelley M. D.
Medical Attendant.

Address, 273 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78926 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octr. 15. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. E. Coburn Eugene

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Printer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queen Annes Co. Md.

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} 2 Tenant St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), " "

Duration of Last Sickness, 6 Years

All the above information should be furnished by the Physician.

Place of Burial, Centerville Md

Date of Burial, Oct 16th 1884

Undertaker J. B. Coughlin

Place of Business, 320 Fremont Address, 506 Madison Ave.

J. H. Chrisman M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3438 Transcript

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78927 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg E. H. Glück

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Street Paver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give Street and Number.} 189 N. Chester St

Cause of Death, First (Primary), Congestion of the Brain

Second (Immediate), Convulsions

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cem. Balto Co

Date of Burial, October 16 1884

Undertaker, Henry Hoen

Place of Business, 309 N Eutaw St

C. W. Silver M. D.
Medical Attendant.

Address, 189 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78928 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 16 1884

CERTIFICATE OF DEATH.

Date of Death, October 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Hollerner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... 2 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 187 E. Biddle St

Cause of Death, First (Primary), Gastro Intestinal Catarrh

Second (Immediate), Convulsions

Duration of Last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, Oct 16th 1884

Undertaker, Henry Goode

Place of Business, 309 N Central Ave Address, Corner Eager & Caroline

Wm. H. Stone M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 15727

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78929 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Ernstberger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* 1 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give Street and Number.} 299 S. Sharp St.

Cause of Death, First (Primary), Erysipelas.

Second (Immediate), Meningitis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, Oct. 17th 1884

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts. *Address,* 70 S. Sharp St.

J. M. Gould M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 78930

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78930 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clarence Murdock

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 *Years,* — *Months,* 21 *Days.*

Color, Black

Married, Single, Widow or Widower? { Cross out the word not required in this line. } —

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 5 Jefferson Ct

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Congestion of Brain

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loyola Cemetery

Date of Burial, October 16th

Undertaker J. J. Chalmers Co

Place of Business, Penna Ave Station *Address* 36 Fremont Ave

J. H. Hanlon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 78931

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78931 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 15"

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh Quinn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 26 Woodward St

Cause of Death. First (Primary), Whooping Cough

Second (Immediate), Coma

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Oct 16th 1894

Undertaker L Lewis Schaefer

Place of Business, 109 N Exeter Address, 138 Columbia ave

Geo R Graham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78934 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1864.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Murrugan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months.* 20 *Days*

Color, c d

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 16 Wilmer alley 1st South of Hooker St

Cause of Death, First (Primary), ...

Second (Immediate), Dentition

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Oct 16/64

Undertaker, F. A Kerchner

Place of Business, ...

James A. Stewart M. D.

~~Medical Attendant~~ Com. of Health & Registrar

Address, Dec 17th Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo E Brown Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78933 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 14. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Gardener

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give Street and Number.} 1446 Hanover St.

Cause of Death, First (Primary), Malignant

Second (Immediate), & Lockjaw

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, Oct 17/84

Undertaker, Fry & Bro

Place of Business, 81 W Broadway

G. G. Mark M. D.
Medical Attendant.

Address, Balt. & Hanover Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78934 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 15/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willi Reeds

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* [illegible] *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 76 Lancaster st.

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Methodist Cem

Date of Burial, October 16. 84

Undertaker, H. Sanders & Son

Place of Business, 252 Caroline

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78935 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Paisley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 3 Spring Court

Cause of Death, First (Primary),

Second (Immediate), Membraneous Croup

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 16th

Undertaker, F. N. Groll

Place of Business, 131 Hanover St *Address,* 151 Hanover St

L. C. Bruch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78936 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Hagenheimer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 51 *Years,* ... *Months.* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Ship-smith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 12 Thames Street

Cause of Death, First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 18th 1884

Undertaker, Henry J. Mitchell

Place of Business, 65 S Broadway

R. L. Duckett Jr. M. D.
Medical Attendant.

Address, 20 & 22 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 18937

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 18937 *Office of Registrar of Vital Statistics.* Ward 51

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octo 14 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Steinhauer
Steinhauer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 7 *Months,* 10 *Days.*

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} M

Occupation Marble Worker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} 305 E Madison st.

Cause of Death, First (Primary), Intercultoris pulmonum

Second (Immediate), Asthenia

Duration of Last Sickness, 2 years

the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, October 17. 1884

Undertaker M. A. Daiser

Place of Business, 414 E. Bway

[signature] M. D.
Medical Attendant.

Address 238 Madison ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline A Schroder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 5 *Years,* 4 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 135, N. Gay St.

Cause of Death, First (Primary,) Fatty degeneration of the heart

Second (Immediate,) Congestion of the Lungs, Asphyxia

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, Oct 17 1884

Undertaker, W. J. Tickner

Place of Business, 66 S. Eutaw

James J Bolt M. D.
Medical Attendant.

Address 134 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 17

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Selina R Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Ballimore, life

Place of Death, {Give street and number.} 267 E Biddle St

Cause of Death, First (Primary,) Cancer, Epithilioma, Vagina

Second (Immediate,) Exhaustion

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, October 19th

Undertaker, H. Sanders & Son

Place of Business, 250 Canton Ave

Sam'l J Beck M.D.
Medical Attendant.

Address 134 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78940

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 16 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Peck

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Poughkeepsie N. Y.

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} ~~104~~ 102 North St.

Cause of Death, First, (Primary.) Poisoning by laudanum taken

Second, (Immediate.) through mistake

Duration of Last Sickness, 8 hours.

All the above information should be furnished by the Physician.

Place of Burial, Poughkeepsie N.Y.

Date of Burial, Oct 18th 84.

Undertaker, Jas. McGuire

Place of Business, —

Alexander Hill, M.D.,
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3439 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78941 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, October 14 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 65 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Washerwoman.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 7 E. Saratoga St.

Cause of Death, First (Primary), Cerebral Hemorrhage (Apoplexy)

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 or 4 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 16th 1884

Undertaker, Wm A Sauyer

Place of Business, 1562 East St

Geo. F. Taylor M. D.
Medical Attendant.

Address, 284 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 17942

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hall

Sex, Male or Female, {Cross out the word not required in this line.} Mail

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} # 111 Chestnut St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 16th 1884

Undertaker, Wm H Dunger

Place of Business, No 62 East Pratt St.

James J Bolk M. D.
Medical Attendant.

Address 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 18943

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 18943 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Hill.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 20 Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 130 Vine St.

Cause of Death, First (Primary), Cold

Second (Immediate), Pericarditis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, S. Peters Cemetery

Date of Burial, October 17th 1884

Undertaker W. H. Bishop & Co

Place of Business, 97 Druid Hill

Edward R Nard M. D.
Medical Attendant.

Address, 248 N Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78944 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Downing

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* 6 *Months,* 16 *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 313 Leight St

Cause of Death, First, (Primary,)

Second, (Immediate,) Lung Affection

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Oct 18th

Undertaker, B. Hark

Place of Business, 82 West St.

L. A. Bell M. D.,
Medical Attendant.

Address, 161 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 78945

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78945 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 16th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. F. Jones.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, White.

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Ship Carpenter.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 22 yrs.

Place of Death, {Give Street and Number.} 206 S. Charles St.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Tuberculosis.

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, October 18th.

Undertaker, B Hurle.

Place of Business, 52 West St.

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 18946

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 18946 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 16. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A Barnum

Sex, Male or ~~Female~~. {Cross out the word not required in this line.} Male

Age, 7 *Years,* 8 *Months,* 21 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 223 Hollins St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Blood Poison

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Oct 17

Undertaker, Joseph R Cook

Place of Business, 707 W Baltimore

W. H. H. Kemp M. D.
Medical Attendant.

Address, 55 So. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7094

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78947 *Office of Registrar of Vital Statistics.* Ward 7 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, October 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline F L Hesse

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* 7 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and Number.} 259 Aisquith St

Cause of Death, First (Primary), Cirrhosis of Liver &c

Second (Immediate),

Duration of Last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, October 19th

Undertaker Geo Schilling

Place of Business,

D W Cathell M. D.
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 78948

Board of Health, City of Baltimore,

Permit No. 78948 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 16/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William E. Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 16. *Years,* —— *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, 3 Years,

Place of Death, {Give street and Number.} 300 Gaulman

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, about one week.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 18th 1884

Undertaker STEWART & BOWEN, UNDERTAKERS, 85 Park Ave.

Place of Business,

Geo W Stoltz M. D.
Medical Attendant.

Address, 5 W. Eu Gaulman Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 78949

Board of Health, City of Baltimore,

Permit No. 78949 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John William Wunder (Wunder)

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 12 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1. 11. 12

Place of Death, {Give street and number.} 219 Cookson St

Cause of death, First, (Primary.) Croup.

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Was called in an hour before death

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore~~ Cedar Hill

Date of Burial, Oct. 17/84

Undertaker, B. Hunla

Place of Business, 82 Conn

L. B. Bacon M. D.,

Medical Attendant,

Address, 361 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 78950

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78950 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 16, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. E. Wilson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ~~One~~ 2 *Years,* 9 *Months,* — *Days,*

Color, Col

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and Number.} 24 Bench alley

Cause of Death, First, (Primary,) Cerebral Meningitis

Second, (Immediate,) " "

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Octob 17

Undertaker, H Ross

Place of Business, 95 Conway St.

C. D. Smith, M. D.,
Medical Attendant.

Address, 158 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit [illegible] the Office [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7895 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, Oct. 17, 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Hoegen

~~*Sex, Male* or *Female*~~, {Cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 244 Park ave. Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 44 Park. ave

Cause of Death, First (Primary), Was treated by Dr. Sulzer for Rheumatism died suddenly from an overdose of 99 Ammonia given through a mistake

Second (Immediate),

Duration of Last Sickness, sick with Rheumatism 14 days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct 19th 1883

Undertaker, Hellenkin Bros

Place of Business, Park & Saratoga Sts

accident

Wm A Jones M. D.

Coroner

~~Medical Attendant~~

Address, 326 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his police, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Permit [illegible] No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 188[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Comely Davis

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* 17 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 Henrietta st

Cause of Death, First (Primary,) Secondary Diphtheria

Second (Immediate,) Asthenia

Duration of Last Sickness, 25 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 19 84

T. Daughorty M. D.
Medical Attendant.

Undertaker, Austin & Dyer *Address* 157 Hamburg st

Place of Business, No 263 Fulton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 7895 3

Health Department, City of Baltimore.

Permit No. 7895 3

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Reister.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, White.

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Harness Maker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 160 Hanover & Lee Sts.

Cause of Death, First (Primary),

Second (Immediate), Apoplexy.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 19

Undertaker, Amos J Dun

Place of Business, 1263 Lex

P. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Office w' ued, Saturday 18934

The Special Attention of Physicians is Respectfully Invited to the Remarks below, aad to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78957 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 16, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Schroder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* 9 *Months,* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1137 W Baltimore

Cause of Death, First (Primary), Heart disease

Second (Immediate),

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Oct 17/84

Undertaker, J. D. Pulus

Place of Business, 66 Frederick Ave

James Bailey M. D.
Medical Attendant.

Address, 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit [illegible]

The Special Attention of [illegible] is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78955 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Toth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 45 Jackson

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Marasmus

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 18th 1884

Undertaker, John Lake

Place of Business, 166 E Balto *Address,*

" Fletcher M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 78956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL, CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva G Newnam

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single ~~Widow or Widower~~

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 220 Druid Hill Av.

Cause of Death First, (Primary,) Tubercular Meningitis

Second, (Immediate,)

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Cathy. M.D.

Date of Burial, Oct 18. 1884

Undertaker, John Lake

Place of Business, 166 (Balto St.

J. H. P. Bate M. D.
Medical Attendant.

Address, 1/2 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

34 & 40 Hanover [OVER.]

No. 78957

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78957 *Office of Registrar of Vital Statistics.* **Ward** 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 17, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Audrian Bender

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 54 Duncan Aly

Cause of Death, First (Primary),

Second (Immediate), Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Methylansas Cemetri

Date of Burial, October 18th 1884 J. Heidelberg. M. D.
Medical Attendant.

Undertaker John Kenrick

Place of Business, 982 Orleans *Address,* 344 E Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make r...
Permits for B...

No. 78938

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78958 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F Kirch.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 22 *Months,* ..... 10 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 1 Fayette st. Court

Cause of Death, First (Primary),

Second (Immediate), Croup

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Oct 17th 1884

Undertaker, Adam Fink

Place of Business, 461 W. Fayette *Address,* 137 Eutaw st

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cem... City of Baltimore... [illegible]

No. 78959

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78959 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis A. Deckert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or~~ ~~Widower~~, {Cross out the word not required in this line.}

Occupation Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 299 Penna Ave

Cause of Death,
First (Primary),
Second (Immediate) Gastro-Enteritis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Oct 19th 1884

J. H. Miller M. D.
Medical Attendant.

Undertaker Martin Fahey

Place of Business, 128 W Townsend *Address,* 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in the City of Baltimore

No. 18760

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 18760 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Collis Simpson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, 9 *Months,* ~~Days~~,

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 25 Mann Alley

Cause of Death, First (Primary), Dentition.

Second (Immediate), Convulsion

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, Oct 18 1884

Undertaker Abel Hemsley

Place of Business, 116 Orchard St

C McDodson M. D.
Medical Attendant.

Address, 192 Linden Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 18961

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78961 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Oct~~ Oct 17. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Anne E. Hinsburg

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Thirty yrs.

Place of Death, {Give Street and Number.} Fredk & St. nr Gay

Cause of Death, First (Primary), Scirrhus of breast.

Second (Immediate), Pneumonia

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 19th

Undertaker, Geo Schilling

Place of Business, ...

G. G. Luck M. D.
Medical Attendant.

Address, Balt. & Paca Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 78962

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78962 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 17. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Gideon Barbour

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 2 *Years,* 1 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 359 N. Bond st.

Cause of Death. First (Primary), Myelitis

Second (Immediate), Paralysis

Duration of Last Sickness, 3½ Days

the above information should be furnished by the Physician.

Place of Burial, Gardenville Balto Co

Date of Burial, Oct 19th

Undertaker Geo. Schilling

Place of Business,

Geo. A. Norman M. D.
Medical Attendant.

Address, 305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7890[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78963 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Alverta Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} No 3 Deck's Court

Cause of Death, First (Primary), Obstructed Labor

Second (Immediate) Shock from instrumental delivery

Duration of Last Sickness, Two days ~~Child birth~~

All the above information should be furnished by the Physician.

Place of Burial, Mount Lebanon

Date of Burial, Oct 19th 1884

Undertaker [illegible]

Place of Business, [illegible]

A K Bond M. D.
Medical Attendant.

Address, 316 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore will make retu[illegible]

No. 78964

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78964 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 18. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Donnellan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 54 Castle St.

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Holly Grove Cemetery

Date of Burial, Oct 19 1884

Undertaker, John Kennedy

Place of Business, 382 Columbus St. *Address,* 392 E. Lee St.

E. L. Link M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ners of Cemeteries in City of Baltimore will make returns of all ...

No. 78965

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78965 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 7, 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Munch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... 6 *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penn

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 94 Granby St

Cause of Death, First (Primary), Malaria

Second (Immediate), Marasmus

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Hazelwood Cemetery

Date of Burial, October 16

Undertaker, Wendell Dyer

Place of Business, ... *Address,* 2[illegible]

... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 78966

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78966 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct 16/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis J. Weis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 850 W. Balto St

Cause of Death, First (Primary), ...

Second (Immediate), Tuberculer Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 18

Undertaker Walter Immel

Place of Business, 315 W. Balto *Address,* 188 Franklin

J. H. Keller, M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries ... 78967

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78967 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 18 1884

CERTIFICATE OF DEATH.

Date of Death, October 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexandria A. Thompson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Bricklayer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, about 50 years

Place of Death, {Give Street and Number.} No. 135 No. Eldon St

Cause of Death, First (Primary), a severe fall

Second (Immediate), spinal concussion

Duration of Last Sickness, about four hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Bernat

Date of Burial, October 19th 1884

Undertaker, Wm H Hackman

Place of Business, 1234 Jay St *Address,* 138 N Broadway

Milton A Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 78968

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78968 *Office of Registrar of Vital Statistics.* **Ward** 5 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 19 1884

CERTIFICATE OF DEATH.

Date of Death, October 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George C. Clapp

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 72 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Hatter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} Jefferson St # 66

Cause of Death, First (Primary), Jaundice

Second (Immediate) Cancer of Liver

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, October 19th 1884

Undertaker Wm H. Huckman

Place of Business, 1023 & 1025 Jay St

A. P. Gaeth M. D.
Medical Attendant.

Address, 228 & Dorsey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 78969

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78969 *Office of Registrar of Vital Statistics.* Ward 15 1/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie F. Wilson

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 6 *Years,* — *Months,* — *Days,*

Color, Colored

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 2 x Peach alley,

Cause of Death, First, (Primary,) Atony of B^r ladder

Second, (Immediate,) Uremic Poisoning

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 18

Undertaker, H Ross

Place of Business, 15 Conway St

C. D. Smith M. D.,
Medical Attendant.

Address, 158 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials

78970

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 19

Permit No. 78970

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 18 1884

CERTIFICATE OF DEATH.

Date of Death, Oct 18th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard B. Hays

Sex, Male or Female, {cross out the word not required in this line.} Male ~~Female~~

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, Merchant.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cincinnati Ohio.

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and number} 147 E Calvert St

Cause of Death, First, (Primary,) Rheumatism.

Second, (Immediate,) Exhaustion

Duration of last Sickness, Several Years.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Oct 19th 1884

Undertaker, John H. McCoy

Place of Business, 22 W Fayette St

Address,

Albert Reid, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[CV 48.]

Keepers of Cemeteries in City of Baltimore will make return. 78971

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78971 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar E Scott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* ~~ *Months,* ~~ *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 11 Yrs

Place of Death, {Give Street and Number.} 442 Milberry St

Cause of Death, First (Primary), Cerebral Softening

Second (Immediate), Convulsions

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct 20th 1884

Undertaker, Henry C Mitchell

Place of Business, 559 W Fayette St *Residence,* 206 N Carrollton Ave

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials [illegible] each day.

78972

The Special Attention of Physicians is Respectfully Invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78972 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 18 1884

CERTIFICATE OF DEATH.

Date of Death, 16th Day of October 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary F. Kerney.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Thirty (30) *Years,* *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mother of a family.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cumberland Maryland.

Duration of Residence in the City of Baltimore, about Two Years.

Place of Death, {Give Street and Number.} N. W. Cor. Caroline & Preston Sts. Balto.

Cause of Death, First (Primary), Valvular disease of the Heart.

Second (Immediate), Sudden. from this Cause.

Duration of Last Sickness, Had been ill for many years.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Oct 19th 1884

Undertaker, Henry W. Means

Place of Business, 45 N Gay St

Wm C. Van Bibber M. D.
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make

Permit

No. 78973

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78973 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 16. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose G. Haley.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days,*

Color. White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and Number.} 346 Myrtle Avenue,

Cause of Death, First (Primary),

Second (Immediate) Consumption

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Oct 19th 1884

Undertaker Henry V. Mears

Place of Business, 45 N Gay St

J. W. Hook M. D.
Medical Attendant.

Address, 93 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 78974

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78974 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 16 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nannie C. Lander

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 63 E. Pattapsco Park

Cause of Death, { First, (Primary,) Intra cranial

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Oct. 17/84

Undertaker, M. A. Leiper

Place of Business, 748 Broadway

E. Kilcoyne, M. D.,
Medical Attendant.

Address, 17 Williams St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cem[illegible]s in City of [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 8975

Board of Health, City of Baltimore,

Permit No. 78975 ; *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours*, after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 17 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand Dickel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* —— *Months,* —— *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} # 89 North Exeter St

Cause of Death, First (Primary), Bright Disease

Second (Immediate), Neuralgia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, October 20th

Undertaker Chr. Bartel

Place of Business, N. Frederick St *Address,* Broadway & Aliceanna

Jos. Bergmiser M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make return of all

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78976 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 17. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Lingirsky

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 112 N. Duncan St.

Cause of Death, First (Primary), Membranous Croup,

Second (Immediate), Asphyxia

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphansius Cem.

Date of Burial, October. 18. 84.

Undertaker, F. Coach. Co.

Place of Business, 319 N. Durham

G. Granville Luck M. D.
Medical Attendant.

Address, 393 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and oorrect record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keeper of Cem... No. 78977

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 78977 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17 Oct 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Green

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Son

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 7 Norris al

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 7 Norris al

Cause of Death, First (Primary), only saw the case once it

Second (Immediate) appeared to be some affection of the brain

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 18 1884

Undertaker William Dorsey

Place of Business, 62 East St

J Steuart Hook M. D.
Medical Attendant.

Address, 57 W. Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cem[illegible] in City of Baltimore with the [illegible] 78970

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78978 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 13 1884

CERTIFICATE OF DEATH.

Date of Death, Oct. 18/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kane

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give Street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), Tabes Mesenterica -

Second (Immediate), Drainer -

Duration of Last Sickness, 7 months.

All the above information should be furnished by the Physician.

Place of Burial, ~~Brooklyn~~ Mt Hope

Date of Burial, Oct. 19/84

Undertaker, Frank McVeagh.

Place of Business, Division & Fremont.

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Baltimore, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...of Crime ...of Baltimore will make re... No. 78979

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78979 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 17/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, oct. 19/84

Undertaker, Frank me Deyh

Place of Business, Dursin & Townsend

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harbor ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all 78980

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78980 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August C Santuary

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* ——— *Months,* ——— *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Policeman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give Street and Number.} 13 Hull St

Cause of Death, First (Primary), Bright's disease

Second (Immediate), Cerebral Congestion

Duration of Last Sickness, about 2 years

* All the above information should be furnished by the Physician.

Place of Burial, Loudenn Pk Cemetery

Date of Burial, Oct 19/1884

Undertaker, Penny & Mitchell

Place of Business, 655 Broadway *Address,*

D Landenberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Keepers of Cem[illegible] City of Baltimore will make returns of all [illegible] 78981

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78981

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ann Simms

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 303 Argyle Ave

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Oct. 19/1884

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* Residence

Chas E Hatte M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of C[illegible] City of Baltimore will make returns of all

No. 78982

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78982 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Stouffer

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Grocer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} Cor Hubbery & Bank. Ave.

Cause of Death, First (Primary), Organic Disease Heart

Second (Immediate)

Duration of Last Sickness, Death sudden.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct. 21 1884

Undertaker J. B. Cook

Place of Business, 707 W. Balto. *Address,* 188 Franklin

H Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of C... of Baltimore will make returns of all ... 78983
Permits for P...

The Special Attention of Physicians is Respectfully Inv... to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78983 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, October 18 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas D. Harman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* 6 *Months,* 0 *Days,*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, about 3 years

Place of Death, {Give street and Number.} 70 Davis st

Cause of Death, First, (Primary,) Chronic Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about a week

All the above Information should be furnished by the Physician.

Place of Burial, Alexandria Va

Date of Burial, 20th Oct.

Undertaker Henry W Mears

Place of Business, 45 N. Eutaw. *Address* 285 E Baltimore St

B. F. Grove M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. -[OVER.]

3441 Fremont

Keepers of [illegible] Baltim[illegible] 78984

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78984 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C Robinson

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 49 S Monroe St

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park

Date of Burial, Oct 20th 1884

Undertaker, Emrys Mitchell

Place of Business, 530 W Fayette St

James C Bailey M. D.
Medical Attendant.

Address, 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...of Baltimore will send ... is of all

No. 78985

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78985 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 19 1884 BALTIMORE

Date of Death, Oct. 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William R. Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* 6 *Months,* + *Days*

Color, Mulatto

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 251 S. Eutaw St.

Cause of Death, First (Primary), Caries of Spine

Second (Immediate), Exhaustion

Duration of Last Sickness, 11 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 19 1884

Undertaker, H Ross

Place of Business, 23 Eastern Ave

G B Lurd M. D.
Medical Attendant.

Address, Union Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 18986

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18986 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th. October 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Katz

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* 7 *Days*

Color, white

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Darmstadt, Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} S. Walpert 96.

Cause of Death, First (Primary), Marasmus senilis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St. Cemetery

Date of Burial, October 20th 1884

Undertaker, Wm Dilaw

Place of Business, 101 Gough St

William Henkel M. D.
Medical Attendant.

Address, S. Walpert 112

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers' ... returns of all

No. 78987

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 78987 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 19 1884 BALTIMORE

Date of Death, October 18. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Dawson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color, White

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 50 Hillman St - Balto -

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 50 Hillman Street - nr Eager St

Cause of Death, First (Primary), Gastro - Enteritis Chronic.

Second (Immediate), Acute Meningitis -

Duration of Last Sickness, Six Days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Oct 19th 1884

Undertaker James P. Byrne

Place of Business, ...

J. Emanuel M. D.
Medical Attendant.

Address, Biddle avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

[illegible] ers of Ceme[illegible] No. 78988

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 78988 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT. 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17 Oct 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jemima Clark

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 87 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 95 Vincent alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Old age

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Oct 19th 1884

Undertaker, Wm N Dryer M. D., Medical Attendant.

Place of Business, 1062 East [illegible] *Address,* Eastaugh and Wilkes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cem... for B...

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate. ... of all 18989

Health Department, City of Baltimore.

Permit No. 18989 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 19 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis W. McCarney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 173 Ramsay st.

Cause of Death, First (Primary), Fell from a roof and

Second (Immediate), died from effects in about

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 20

Undertaker, J B Cook

Place of Business, 707 W Baltimore st

Wm A. Jones M. D.

Coroner ~~Medical Attendant.~~

Address, 326 Hanover st. City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Keeper of Cemet... of all No. 78990

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 78990 *Office of Registrar of Vital Statistics.* ~~1440~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT. 19 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} not named (Moore)

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, no *Years,* no *Months,* 10 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 265 West Lombard St

Duration of Residence in the City of Baltimore, All it life

Place of Death, {Give street and number.} 265 West Lombard St

Cause of Death, First, (Primary.) Lack of vitality,

Second, (Immediate.) Born Prematurely,

Duration of Last Sickness, never well

All the above information should be furnished by the Physician.

Place of Burial, Wesleyan

Date of Burial, Oct 20

Undertaker, J H Cook

Place of Business, 707 W Fayette

Amanda Taylor Norris M.D.,
Medical Attendant.

Address, 326 North Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

Keepers of C... ...Off... ...turns of all

No. 18991

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18991 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, 10. 18. 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Simonchke

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 15 *Months,* ____ *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 15 mo.

Place of Death, {Give street and Number.} 408 N. Bayard Br

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 20th 1884

Undertaker L. Haus

Place of Business, 317 Mulberry

W. H. Eastman *M. D.*
Medical Attendant.

Address, 324 E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries and Undertakers are required to report to this office within twenty-four hours after the burial of all Permits for Burial issued by them, under penalty of law.

No. 7899

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7899 *Office of Registrar of Vital Statistics.* Ward 41

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 18 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Dora Bradley

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days,*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} #50 Fawn Street

Cause of Death, First (Primary),

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 19th 1884

Undertaker J P Byrne

Place of Business,

Jno A Bemiser M. D.
Medical Attendant

Address, Broadway & Pratt Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cem... of all
... Bur... Office

No. 18993

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18993 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 18 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard A. Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... 1 *Months,* ... 2 *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 171 McDonough st

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 20

Undertaker, Jno F Wilson

Place of Business, 111 Carlton st

... M. D.
Medical Attendant.

Address, 171 McDonough st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keep[illegible] City

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 78994

Health Department, City of Baltimore.

Permit No. 78994 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ruppert

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give Street and Number.} 184 William St

Cause of Death, First (Primary),

Second (Immediate), Typho Malarial Fever

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ist Presbyn

Date of Burial, October 20

Undertaker, B Hardt

Place of Business, Wat St 82

P. J. H. Tall, M. D.
Medical Attendant.

Address, 152 Shaft St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and cause and date of death.

[over.]

78995

...returns of all ... Back of this Certificate

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the

Board of Health, City of Baltimore,

13

Permit No. 78995 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Laerfski

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 22 *Days,*

Color, White

Married, *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 47 Parkin St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Convulsions

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, October 20 84

Undertaker Philip I. Pace

Place of Business, 183 Columbia

H. W. Webner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

[illegible] Cemetery in City of Baltimore No. of all 78996

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 7896 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

A

CERTIFICATE OF DEATH.

Date of Death, Oct 19, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustavus M Warner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 57 Edmondson Ave

Cause of Death, First (Primary), ...

Second (Immediate), Uraemic Coma

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Oct 21st 1884

Undertaker, STEWART & ROWEN, UNDERTAKERS.

Place of Business, 35 Park Ave

James Bosley M. D.
Medical Attendant.

Address, 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cem... in Cit... of Baltimore will ... returns of all 78997

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78997 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 18th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Dieral

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} # 262 S Dallas St.

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 20 1884

Undertaker, Michael Fenton

Place of Business, 35 Bank

John H. Rehburg M. D.
Medical Attendant.

Address, 243 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make ...

No. 78998

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 78998 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Nicols

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Easton Maryland

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Uraemic Coma

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Shaw's Cemetery

Date of Burial, Oct 20 1898

Undertaker, S. H. Chase

Place of Business, 198 E Howard

Frank M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keeper of Certificates in City Office ... No. 18999

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18999 *Office of Registrar of Vital Statistics.* Ward 13"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Oct. 18. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis H. Mean

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months.* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 129 Druid St

Cause of Death, First (Primary),

Second (Immediate), Hydrocephalus 8 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 20 1884

Undertaker, E H Chase

Place of Business, 120 Howard St

C W Nelson M. D.
Medical Attendant.

Address, 300 W Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of the ~~Vital Statistics in the~~ City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Keepers of Cem[illegible] of Balt[illegible]

No. 60

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore, 79000

Permit No. 79000 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 19 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H Buckler

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* — *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Ferryman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 101 S Charles St

Cause of Death, First (Primary),

Second (Immediate). Cardiac Embolism

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Oct 21st 1884

Jno B Bamgue M. D.
Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 1900

Permit No. 79001 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10/19, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace C. Frederick

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 181 Druid Hill Ave

Cause of Death, First, (Primary,) Hooping Cough & dysentery

Second, (Immediate,) do — Sphacelus

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Hampden Balto. Co.

Date of Burial, Oct 20th 1884

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Dr Casey Thomas M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 79002 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip H. Dunhauser

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Eleven *Months,* 12 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and Number.} 71 S Canal St

Cause of Death, First (Primary),

Second (Immediate) Chronic Croup

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Oct 20th

Undertaker Purnell & Wood

Place of Business,

A Lee Herty M. D.
Medical Attendant.

Address, 88 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ~~illness~~, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ~~color~~ and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79003 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October, 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ryan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 83 Months, Days,

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} W

Occupation Clerc

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Irlande

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Institution of the Little S. of the Poor

Cause of Death, First (Primary),

Second (Immediate), Age & Infirmity

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cem. Holy Cross Cimetery

Date of Burial, Oct 26 '84

Undertaker M.r Bloodcamp M. D.

Medical Attendant.

Place of Business, *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79004 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 18 th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Mayers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days*

Color c

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Sawyer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give Street and Number.} No 8 Stirling St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 20th /84

Undertaker, Maddux

Place of Business, *Address.*

James A. Steuart M. D.
Medical Attendant.

Com. of Health Registrar

Dr. M. Shaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Undertaker

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79005 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 18. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herring B. Hodges

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 46 *Years,* *Months.* *Days*

Color, W. White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Mariner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundle Co. Md

Duration of Residence in the City of Baltimore, Fifteen yrs.

Place of Death, {Give Street and Number.} 412 Orleans St.

Cause of Death, First (Primary), Hemorrhagia

Second (Immediate), Asphyxia

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Oct. 21st 84

Undertaker, Fry & Bro

Place of Business, 81 N. Broadway

G. G. Luck M. D.
Medical Attendant.

Address, Balto. City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 7986 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Lueck

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Michaels Md.

Duration of Residence in the City of Baltimore, 60 Yrs

Place of Death, {Give street and Number.} Mc Elderry St Extended

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, M E Cemetery

Date of Burial, Oct 20/84

Undertaker Ely & Bro

Place of Business, 71 W Broadway

E. J. Bruns M. D.
Medical Attendant.

Address, 373 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79087 *Office of Registrar of Vital Statistics.* Ward 8 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Wm Davidson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 19 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give street and Number. } Harford Ave 54 1/2

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 1 year

the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 21 / 1884

Undertaker Henry Hoeck

Place of Business,

C. H. Keelan M. D.
Medical Attendant.

Address, 6 E 6 St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 3

Permit No. 79008 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October the 19 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Antkawich

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 3 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 3 Bethel Court

Cause of Death, First (Primary), Taken from information of Parents

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holmes Cem

Date of Burial, October the 20

Undertaker, Mr Depesel

Place of Business,

James A. Stuart M. D.

Medical Attendant.

Health Department

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Emanuel Weinman

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79089 *Office of Registrar of Vital Statistics.* Ward 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 30 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth C. Reeds

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* 10 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 76 Lancaster St.

Cause of Death, First (Primary), Diphtheria Malign.

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Methodist cem.

Date of Burial, October 20. 1884

Undertaker, H. Sanderson & Son

Place of Business, 253 Eastern Address, 50 & Broadway

R. A. Mansfield M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79010 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 10/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Lieber

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* — *Months,* — *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. Co.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 162 S. Chapel

Cause of Death, First (Primary), Pericarditis

Second (Immediate), Asthenia

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Evangelical Cem.

Date of Burial, Oct. 20/1884

Undertaker, H. Sanders & Son

Place of Business, 252 Lanvale

J. L. Whitten M. D.
Medical Attendant.

Address, 741 Lo. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79011 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos P. Carey

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stone Cutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 71 Harford ave

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Hemorrhage from bowels -

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem'y

Date of Burial, Oct 22

Undertaker, James McGinn

Place of Business, 43 Clinton

Geo A Reynolds M. D.
Medical Attendant.

Address, 171 N Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

(14

Permit No. 79012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, 1884 Oct 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeanette Buckingham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Adams Co Pennsylvania

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 319 N Henry St

Cause of Death, First (Primary,) Malaria

Second (Immediate,) Congestion of Stomach

following Inflammation of Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Oct. 21 1884

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

Wm T Sappington M. D.

Medical Attendant.

Address 204 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79013 *Office of Registrar of Vital Statistics.* Ward 21st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Oct. 19/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Burns

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 4 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} U

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Cor. Enight & Ann Sts.

Cause of Death, First (Primary), Sudilina

Second (Immediate), Marasmus

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Oct 20th 84

Undertaker, G. Franc

Place of Business, Banks & Wolfe *Address,* 57 & Broadway

R. W Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore..

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The proper Certificates of Physicians is respectfully referred to the Regulations below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79014 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Oct 20 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie A ~~Boat~~ Boat

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 13 *Months.* 10 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 48 - Bloom st -

Cause of Death, First (Primary), Teething

Second (Immediate),

Duration of Last Sickness, 12 - da

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 21st 1884

Undertaker, John L Machen

Place of Business, No 150 Canton

N. J. Hovick M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 79915 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Studzinska

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give Street and Number.} # 52 Lancaster St

Cause of Death, First (Primary), Labor

Second (Immediate), Haemorrhage

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, October 20/84.

Undertaker, Bruskofsky. Co.

Place of Business, 215 S. Ann st.

John H. Kehlmyer M. D.
Medical Attendant.

Address, 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 79016

Office of Registrar of Vital Statistics. 9 cl

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Smith

~~Sex,~~ ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} N. Y. State

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give street and number.} Centre Market

Cause of Death, First, (Primary.) Intemperance + Exposure,

Second, (Immediate.) causing convulsions

Duration of Last Sickness, 3 Minutes

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem.

Date of Burial, Oct 20th 1884

Undertaker, Geo Rinehart

Place of Business, Forrest Place

Alexander Hill, M.D.,
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizbth A Saunders

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 58 *Years,* ..... *Months,* ..... *Days.*

Color, ...

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number} 83 N. Eutaw St.

Cause of Death, {First, (Primary,) General Paralysis
Second, (Immediate,)

Duration of last Sickness, about 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Charlottsville Va.

Date of Burial, Oct 22nd 1884

Undertaker, John J Andrews

Place of Business, No 476 Druid Hill Av

James A Lichtig M. D.
Medical Attendant.

Address, 182 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

3443 Fremont

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 79018 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M J Corcoran

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sanitary Inspector

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, {Give Street and Number.} 325 Stiles St

Cause of Death, First (Primary), Typhoid Malarial Fever

Second (Immediate), Meningitis,

Duration of Last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy cross cemetery

Date of Burial, Oct 19 1884

Undertaker, James D Byrne

Place of Business, No 53 So Green St

Geo. B Reynolds M.D.
Medical Attendant.

Address, 171 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79019 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 19-84 630 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* ..... *Months.* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Phthisis Pulm

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 mos

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, October 20

Undertaker, E Threet

Place of Business, 11 N. Eutaw St *Address,* 188 N Calvert St

Oscar J Cosden M. D.
Medical Attendant E.H.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79020 *Office of Registrar of Vital Statistics.* Ward 12 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

4

CERTIFICATE OF DEATH.

Date of Death, Oct. 20/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Leech

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 6 *Months.* —— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus —

Second (Immediate), Exhaustion —

Duration of Last Sickness, Life —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 21/84

Undertaker, Mark McVeagh

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem Av, Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, 1884

Permit No. 79021

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorenz J. H. Harms

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months,* 2 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Lauers Point

Duration of Residence in the City of Baltimore, 10 Months

Place of Death, {Give street and number} Lauers Point. Hull St

Cause of Death { First, (Primary,) Dyptheria
Second, (Immediate,) .....

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Came by

Date of Burial, Oct 20 th 1884

Undertaker, Wm Riccard

Place of Business, 258 Aliceanna

Peter M. P. Sarette M. D.
Medical Attendant.

Address, Ltr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79022 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Gardner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 9 *Months.* —— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md,

Duration of Residence in the City of Baltimore, 6 years & 9 mos.

Place of Death, {Give Street and Number.} 117. S. Eutaw St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), ——

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetry

Date of Burial, Octbr 21th 1884

Undertaker, Peter Frey

Place of Business, 91 Eutaw av,

Wm H Morris M. D.
Medical Attendant.

Address, 164. E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 79023 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bowman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles Co Md.

Duration of Residence in the City of Baltimore, 12 Mos

Place of Death, {Give street and Number.} Bruce St No 230

Cause of Death, First (Primary), Impurity of Blood

Second (Immediate), Dropsy

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, High St Cemetery

Date of Burial, Oct 21

Undertaker H Ford

Place of Business Penna Ave

L. G. Sparrow M. D.
Medical Attendant.

Address, 1 Mount St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7902 *Office of Registrar of Vital Statistics.* Ward 20d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10, 20, 84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Kuhe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days,* V

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and Number.} 431 Lanvale

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Oct 21st 1884

Paul M. Eastman *M. D.*

Medical Attendant.

Undertaker F. Louis Schaub

Place of Business, 109 E Fran'st *Address,* 349 Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The special attention of Physicians is respectfully invited to the Remarks Below, and to Lists of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79125 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, ~~1884~~ N. Howard 82 Oct 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 81 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Keeper of Grocery Notion Store

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 85 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 264 N. Howard St

Cause of Death, First, (Primary,) Colic & Constipation —

Second, (Immediate,) Exhaustion —

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial. Oct 21st 1884

Undertaker, F. Lewis Schaefer

Place of Business, 109 N. Fremont

Address, 178 W. Lanvale St

A. K. Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 79026 *Office of Registrar of Vital Statistics.* Ward 1 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 19. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Monahan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, 5 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give Street and Number.} No 880 Caroline Ave

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Oct 21 st 84

Undertaker, G. Pierce

Place of Business, Pentz & Wolfe Address, 94 & Broadway

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Regulations Below, and to Rule [illegible]

Board of Health, City of Baltimore.

Permit No. 79027 *Office of Registrar of Vital Statistics.* Ward 13"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 6 19 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Beyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* —*Months,* —*Days.*

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and Number.} 9 S. Poppleton St

Cause of Death, First (Primary), Chronic Gastritis

Second (Immediate), Hypremesis, Coc

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, October 21.

Undertaker Walter Immel

Place of Business, 915 W. Baltimore *Address,* 258 Madison ave

L Rittenhouse M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate.

Board of Health, City of Baltimore.

Permit No. 79028 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} \

Age, 53 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} \

Occupation Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 283 Mc Donogh St.

Cause of Death,
First (Primary), Cancer of Duodenum
Second (Immediate), Strangulation from rupture of abscess

Duration of Last Sickness, 10 Months

the above info mation should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 22d 1884

E. B. Fenby M. D.
Medical Attendant.

Undertaker Henry W. Means

Place of Business, #46 N. Gay St *Address,* 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79029 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 19 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephena Batoski

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 8 *Years,* ..... *Months,* ..... *Days*

Color, white

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give Street and Number.} Univ Hosp.

Cause of Death, First (Primary), Typhoid

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, M. M. Cemetery

Date of Burial, Oct. 21st 1884

Undertaker, H. Sanders & Son

Place of Business, 252 Canton ave

J. R. Trimble M. D.
Medical Attendant.

Address, Univ Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79031 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20—84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Batorski

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 7M *11 Days*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give Street and Number.} Univ Hosp

Cause of Death, First (Primary), Diarhoea

Second (Immediate), collapse

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Oct. 21st 1884

Undertaker, H. Sanders & Son

Place of Business, 252 Eastern Ave *Address,* Univ Hosp.

J. R. Trimble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79031 *Office of Registrar of Vital Statistics.* Ward 8 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanora Plummer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* ..... *Months.* ..... *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} East Biddle st near Valley

Cause of Death, First (Primary), apoplectic condition

Second (Immediate), congestion of the brain

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 21st 1884

Undertaker, J. P. Keating

Place of Business, 165 Orleans st

Milton A. Taylor M. D.
Medical Attendant.

Address, 138 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79032 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Williamson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* 0 *Months.* 0 *Days*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Labourer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard County Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} No 130 David Hill av

Cause of Death, First (Primary), Rumellsiment-o Softing of Brain

Second (Immediate), Paralysis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, Oct 21st 1884

Undertaker, Wm. H. Carnes

Place of Business, 1062 East-21-

Benj F. Bohrer M. D.
Medical Attendant.

Address, Cor David Hill & Dolphin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79033 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Atm October 19/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Edwards

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 4 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 3 Saulsbury Alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ~~5 days~~

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudel Cemetery

Date of Burial, Oct 21 1884

Undertaker, William N Dunn

Place of Business, No 62 East st

F. G. Moyer M. D.
Medical Attendant.

Address, 15 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...below, one to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79034 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octber 19. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sidonia Gaines

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 43 *Years,* ~~~ *Months.* ~ *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, washerwoman.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Portsmake.

Duration of Residence in the City of Baltimore, about 14 Years

Place of Death, {Give Street and Number.} 59. East St.

Cause of Death, First (Primary), Phthesis Pulmonalis.

Second (Immediate),

Duration of Last Sickness, About 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 21st 1884

Undertaker, Wm. H. Duncan

Place of Business, No 62 East 21st

Jno. H. Lowman M. D.
Medical Attendant.

Address, 238 E. Monument
M. E. District

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79035 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 21 1884

Date of Death, Oct 20, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Donaghue

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months,* 6 Weeks *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No. 28 E Fountain St

Cause of Death, First (Primary), ...

Second (Immediate), Meningitis

Duration of Last Sickness 6 Days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Oct 23rd 84

Undertaker, M. Carter & Co

Place of Business, 92 S. Calvert *Address,* 214 S. Broadway

J. L. Valdy, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 79036 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 21 1884

Date of Death, Octo 21 st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Koch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Cutler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give street and Number.} 36 Albemarle St

Cause of Death, First (Primary),

Second (Immediate). Congestive Chill. (2nd)

Five Hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltmor. Cemetery

Date of Burial, Octbr 23 th 1884

Undertaker Peter Frey

Place of Business, 91 Eutaw St

A Freyshortzer M. D.
Medical Attendant.

Address, 88 2 Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 77637 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertie Amelia Krause

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months.* 24 *Days,*

Color. White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 42 Barney

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 42 Barney St

Cause of Death, First (Primary), ———

Second (Immediate). Marasmus

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Oct 22

Undertaker B. Hall

Place of Business, 82 West St *Address,* 45 Lancaster

Leo K. Lemon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79038 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence H. Hubbard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days* Whole

Color, ✓

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 522 Hanover st

Cause of Death, First (Primary), Dentition & Malarial

Second (Immediate), Congestion Brain

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, October 22

Undertaker, B. Hart

Place of Business, 52 West H

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No. 79039 *Office of Registrar of Vital Statistics.* **Ward** 11 C 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucien A Corbin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color Cd

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard County Md

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and Number.} 24 Rose st ?

Cause of Death, First (Primary),

Second (Immediate). Obstruction of bowels

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 21 84

Undertaker Alf Hemsley

Place of Business,

R. Winslow M. D.
Medical Attendant.

Address, 201 W Biddle st

BALTIMORE HEALTH DEPARTMENT OCT 21 1884

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79040 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm R. Boyd

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 11 *Months.* 2 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 383 W Fayette St

Cause of Death, First (Primary),

Second (Immediate), Meningitis (Tubercular)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, October 21st

Undertaker, Wm J. Pickrell

Place of Business, 65 S. Eutaw St *Address,* 146 Hanover St

Howard Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79041 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octo 6. 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Bert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* ~ *Months,* ~ *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 575 W Baltimore St.

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate), Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, October 22nd

Undertaker Wm J Tickner

Place of Business, 65 S. Eutaw *Address* 258 W Madison Ave

A Fullerton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7907 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincent John Hagner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 6 *Months,* 23 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 443 East Baltimore St.

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Oct. 22nd 1884

Undertaker, M. A. Dwyer

Place of Business, 9 Broadway *Address,* 443 E. Balt. St.

Jno. C. H. Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79043 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 7 a.m

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalia Günsten

~~*Sex, Male* or *Female*~~, {Cross out the word not required in this line.} Female

Age, 34 *Years,* *Months,* *Days*

Color, White

~~*Married, Single*~~, *Widow* or ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} St Josephs Hosp

Cause of Death, First (Primary), Mania Chronic

Second (Immediate), Exhaustion

Duration of Last Sickness, 13 mos

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 22 1881

Undertaker, John W Jackson

Place of Business, Gay & Eden

Osc Conkling M. D.
Medical Attendant.

Address, 188 N Culvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on ... this Certificate

Board of Health, City of Baltimore,

Permit No. 79044 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
OCT 21 1884

Date of Death, Oct 20/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anna Fremont (name by the Sisters)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 4 or 5 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Supposed Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 57 St Paul St

Cause of Death, First (Primary), Jaundice

Second (Immediate), Melena Neonatorum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial New Cathedral

Date of Burial, Oct 21/84

Undertaker Geo. Rheudat

Place of Business, ~~~ *Address,* 127 St Paul

Thos J Ware M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

16 W

Permit No. 79045 *Office of Registrar of Vital Statistics.* Ward ~~15~~

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

A

CERTIFICATE OF DEATH.

Date of Death, 21st Oct 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Tweedale

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,* 1

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ball

Duration of Residence in the City of Baltimore, Inculcall

Place of Death, {Give street and Number.} 15 Bernard

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 23/884

Undertaker Chamberlain Co

Place of Business, 263 Light

H W Webster M. D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

15

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma W Hope

~~Sex~~, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* 11 *Months,* ..... *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 266 Light

Cause of Death {First, (Primary,) Phthisis Pulmonalis

{Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Bath County

Date of Burial, Oct 22 1884;

Undertaker, [illegible]

Place of Business, 263 Light St

[illegible] M. D.
Medical Attendant.

Address, 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

Board of Health, City of Baltimore,

Permit No. 7904 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 21, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Murphy

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 31 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Machinist

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Penn

Duration of Residence in the City of Baltimore, 4½ days

Place of Death, { Give street and Number. } City Hospital

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Oct 21/84 C. R. Clark, M. D., Medical Attendant.

Undertaker, Geo. Rinehart

Place of Business, ——— *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 79048 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William E Lowrs

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days*

Color, C

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Penna Ave & Laurens St

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Shark's Elem

Date of Burial, Oct 22/84

Undertaker, W J Gray

Place of Business,

James A. Stewart M. D.

Medical Attendant

Am. J. Health Inspector

Address, Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Emanuel Weinman,

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79049 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Quillin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 25 Clinton Ave

Cause of Death, First (Primary),

Second (Immediate) Apoplexy.

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Bonnebrae

Date of Burial, Oct 23rd.

Undertaker W. Cadogan

Place of Business, 227 Mulberry

Edward R. Hard M. D.
Medical Attendant.

Address, 248 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 79050 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

A

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bradbury Robert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 3 *Years,* 10 *Months,* 15 *Days,*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and Number.} 248 Robberg St

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,) Dropsy

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Oct 21st 1884

Undertaker, Thos J Locke

Place of Business, 78 Jefferson

Address, Baltimore Co

Medical Attendant. M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7905 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 22 1884

CERTIFICATE OF DEATH.

Date of Death, Oct 21 - 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda E Hodge

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months.* *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 15 Lemmon alley

Cause of Death, First (Primary), Ascites

Second (Immediate),

Duration of Last Sickness, 10 - Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 22 1884

Undertaker, Chas Keller

Place of Business, 263 W Pratt

H J Howe M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 75052 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonina Matmakski.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 1 *Years,* 9 *Months,* 21. *Days,*

Color, White. (Polish)

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 11. Lancaster St.

Cause of Death, First, (Primary,) ....

Second, (Immediate,) Diphtheria.

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphansus. Cem

Date of Burial, October 22, 84

Undertaker, Crack & Co.

Place of Business, 319 Dunham St

A. V. Gosweiler M. D.,
Medical Attendant.

Address, 96 S. Ann St.

OCT 22 1884

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 75053 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonia Bodnicki

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months.* *Days*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} 38 Chatsell st. North

Cause of Death, First (Primary), Child Birth

Second (Immediate), Peritonitis Puerperal

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphansius Cem.

Date of Burial, October 22. 1884

Undertaker, Crack Co.

Place of Business, 319 N. Durham

J. C. Hoffman M. D.
Medical Attendant.

Address, 26 N. Bethel

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7054 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE [illegible] WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susie A Gregory

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} 1662 Caroline St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Diphtheritic croup

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cem.

Date of Burial, Oct 22 1884

J. W. Snyder *M. D.*

Medical Attendant.

Undertaker H. Sauder & Son

Place of Business, 252 Eden St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7508 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joanna Wetherstine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, About 44 years

Place of Death, {Give Street and Number.} 36 Eastern Avenue

Cause of Death, First (Primary), Chronic Hepatitis

Second (Immediate), ...

Duration of Last Sickness, About 1 year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 27th 84

Undertaker, H. C. Sander & Son

Place of Business, 252 Aliceton St

James F. Dunn M. D.
Medical Attendant.

Address, 47 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 75056 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. D Cable

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 68 *Years,* *Months,* *Days,*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} M

Occupation, Plasterer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 473 E. Chase St.

Cause of Death, First, (Primary,) Valvular Dis. of Heart.

Second, (Immediate,)

Duration of Last Sickness, ½ year.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Oct. 22. 1884

Undertaker, Wm. H Hickman

Place of Business, for Wm Jr.

A. I. Reynolds M. D.,
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 7905 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th October 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Yates

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, 5 Months, Days

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 7. Leadenhall St.

Cause of Death, First (Primary), Diarrhea et dentitis

Second (Immediate), Meningitis et convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, W Baltimore Co.

Date of Burial, Oct 22/84

Undertaker, F A Keech

Place of Business,

J. D. Ogden M. D.
Medical Attendant.

Address, 146. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 75058 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aud- Murphy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Hospital

Cause of Death, First, (Primary,) Struma with Vertebral Caries

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 Yrs

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Oct 22 1884

Undertaker, Geo. H. Bayard

Place of Business, 220 N. Howard St

Rd. S. Latimer M. D.,
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 19059 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Octobr 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ehles (Ehles)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Thirty-seven *Years,* —— *Months,* —— *Days,*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.} Married

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 193 S. Paca St.

Cause of Death, First (Primary), Scirrhus Cancer of Breast

Second (Immediate), Exhaustion

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Oct 23d 1884

Undertaker John S. Mackie

Place of Business, No 150 Saratoga

DeLancey H. Barclay M. D.
Medical Attendant.

Address, 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reports below, and to Use of Diseases in...

Health Department, City of Baltimore.

Permit No. 75060 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Sims

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 10 *Months,* ..... *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 38 McElderry St. Extended

Cause of Death, First (Primary), Irritation

Second (Immediate), Convulsions

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 22nd 1884

Undertaker, Wm N. Dungan

Place of Business, No 62 East 21st

..... M. D.
Medical Attendant.

Address, 137 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 7961 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert R Henry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* 1 *Months,* 13 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and Number.} 99 East Pratt

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, about six months

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 22nd 1884

D W Cathell *M. D.*
Medical Attendant.

Undertaker Wm H Danger

Place of Business, 1062 East 4th *Address,* 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 7906 — *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

A

CERTIFICATE OF DEATH.

Date of Death, 20 Oct 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* ... *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 11 Booth st

Cause of Death,
First (Primary), Marasmus
Second (Immediate), ...

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 22nd 1884

Undertaker Wm N Lemmon

Place of Business, 1162 East Pratt

John Hood M. D.
Medical Attendant.

Address, 594 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 7963 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* ..... *Months.* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give Street and Number.} 55 Forrest st

Cause of Death, First (Primary), Dropsy

Second (Immediate), ...

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 22nd 1884

Undertaker, Wm N. Duncan

Place of Business, 1062 East-st

J E Lynch M. D.

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 79064 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 22 1884

CERTIFICATE OF DEATH.

Date of Death, Oct. 21st.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. D. Windle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43. *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Chester Co. Penna

Duration of Residence in the City of Baltimore, 10 Months

Place of Death, {Give street and Number.} 611 Bruce Alley

Cause of Death, First (Primary), Consumption of Lungs.

Second (Immediate),

Duration of Last Sickness, 3 Months

the above information should be furnished by the Physician.

Place of Burial, Penn Station Baster Co PA

Date of Burial, Oct 22th 1884

Geo W Norris M. D.
Medical Attendant.

Undertaker Wm T Sarven

Place of Business, 211 N Eutaw St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Brown 4447

Board of Health, City of Baltimore,

Permit No. 79068 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Inf. Howard Burr

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 6 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

~~Occupation~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 139 Hanover St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 139 Hanover St

Cause of Death. First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, Oct 22nd

Undertaker F. N. Troll.

Place of Business, 131 Hanover St. *Address,* 131 Hanover St

Geo. H. Burns M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, due to Laws of Disease or...

Health Department, City of Baltimore.

Permit No. 7966 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W. Bane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* Four *Months.* — *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 10 Vance St

Cause of Death, First (Primary), Intestinal Catarrh

Second (Immediate), Diarrhoea.

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Shaaff Str.

Date of Burial, October 22

Undertaker, Jacob Davis

Place of Business, 251 Montgomery St.

J M Hundley M. D.
Medical Attendant.

Address, 22 Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7906 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 22 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Stein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 78 S. Madeira

Cause of Death, First (Primary), Acute Meningitis

Second (Immediate), Spinae

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct 23d 84

Undertaker, G. Trance

Place of Business, Frank & Wolfe *Address,* 77 So. Broadway

G. L. Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 1968 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } C C Kahn

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 30 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Cotton Store

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, { Give Street and Number. } 115 Baltic St

Cause of Death, { First (Primary), ; Second (Immediate), Phthisis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Friends Society Congregation Cemetery

Date of Burial, Oct 22 1884

Undertaker, Ernst Bethmann

Place of Business, 181 Sharp St *Address,* 146 Hanover st

Theodore Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7969 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 22. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Stasick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 34 W. Oakland St.

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Stephanus Cemetri

Date of Burial, Oct 23 1884

Undertaker, John Kierney

Place of Business, 382 Orleans St *Address,* Balto

H. G. Keck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the time and date of death.

[over.]

The Special attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 79070 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 22 1884

CERTIFICATE OF DEATH.

Date of Death, 21st October 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Weeks.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* *Months,* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Portland~~ Maine

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 208 North Mount St.

Cause of Death, First (Primary), Valvular Disease of Heart.

Second (Immediate), = = =

Duration of Last Sickness, Three Months.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemty

Date of Burial, Oct 22nd 1884

Undertaker Joseph F Boyce

Place of Business, 69 n Liberty Address, Fayette & Fremont Sts.

W. W. Littell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 1901 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Morris

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Fifty-eight *Years,* *Months.* *Days*

Color, Mulatto,

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give Street and Number.} No. 110 St. Marys St.

Cause of Death, First (Primary), Fatty heart

Second (Immediate), Paralysis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 23rd 1884

Undertaker, Jas. W. Chase

Place of Business, 128 S. Howard St.

F. B. Gardner. M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 1902 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 22 1884

CERTIFICATE OF DEATH.

Date of Death, October 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otho Granville Hammond

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All its life

Place of Death, {Give street and Number.} 82 Pierce Street City

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), Catarrhal Pneumonia

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 22nd 1884

Undertaker Asst H. Case

Place of Business, 42 S. Howard St *Address,* 316 Fourth St

A R Bond *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back ...

Health Department, City of Baltimore.

Permit No. 75075 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21 st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Hammond

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* ... *Months,* ... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} No. 64 Bucs St-

Cause of Death, First (Primary), ...

Second (Immediate) Ch... following Paralysis

Duration of Last Sickness, Short ...

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, Oct 23 1884

Undertaker, Alf Hemsley

Place of Business, ...

W. Whitridge M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 79074 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius A Fry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 8 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Minister

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, about 26 yrs

Place of Death, {Give Street and Number.} 146 Mulliken St

Cause of Death, First (Primary), Dilatation of Heart

Second (Immediate),

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 23/84

Undertaker, Frey & Son

Place of Business, 87 W Broadway

E Hall Mullikin M. D.
Medical Attendant.
Coroner

Address, 10 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 79075 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, oct 20. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie b Russell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months.* *Days*

Color, wht

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 18 Lemuid Hill avenue

Cause of Death, First (Primary), Superfoetation: double miscarriage

Second (Immediate), Exsanguinity 16 days after Post partum hemorrhage

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Oct 23rd 1884

G Lane Taneyhill M.D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business 271 N. Eutaw *Address,* 219 madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of.

Health Department, City of Baltimore.

Permit No. 79076 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie B. Pitcher

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 22 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ Single ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick City

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} No 611 Schroeder

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 23/04

Undertaker, Ann Kellam

Place of Business, 268 Light

J. C. Burch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Hereof, and to List of Diseases [illegible]

Health Department, City of Baltimore.

Permit No. 7907 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Pfaffenbach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 79 *Years,* 9 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 276 E. Eager Street

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate), Asphyxia

Duration of Last Si[illegible] Five (5) Days

All the above information to be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, Oct. 24 1884

Undertaker, Henry Stocks

Place of Business, 369 N. Central Ave Address, Or Eager & Caroline

J. W. Slocer M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Health Department, City of Baltimore.

Permit No. 79078 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 22/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Cox

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 1 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 89 McKim St

Cause of Death, First (Primary), Asthenia

Second (Immediate), "

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Oct 23/84

Undertaker, H. C. Weddigen

Place of Business,

James A Stewart M. D.

~~Medical Attendant.~~ Com. of Health & Registrar

Address, 22 W. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Emanuel Weinman

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 79079 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday Oct 20/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months.* *Days*

Color, Dark

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 164 Raborg St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), 4 days

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 23 rd 1884

Undertaker, Wm A Dwyer

Place of Business, No 62 East Pratt

J H Hartt M. D.

Balto City Physician Attendant.

Address, 247 N Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 79080 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alverta Evans

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 284 O'Neals Alley

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Marasmus

Duration of Last Sickness, Two (10) Months

All the above information should be furnished by the Physician.

Place of Burial, Woodberry Cemetery

Date of Burial, Oct 23d 1884

Undertaker, Wm A Dougan

Place of Business, No 62 East Pratt St

S. C. Flower M. D.
Medical Attendant.

Address, 1 Exeter Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79081 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct, 21/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Preston Lonsdale

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 16 *Months,* — *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give Street and Number.} No 8 Thieves alley

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, three (3) months

All the above information should be furnished by the Physician.

Place of Burial, Wash'n Cemetery

Date of Burial, Oct 23 84/85

Undertaker, Jas W. Chase

Place of Business, 98 S Howard St *Address,*

W=A. Jones M.D.

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79082 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 29 1884

CERTIFICATE OF DEATH.

Date of Death, October 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Gannaway

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 11 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 192 Henrietta St

Cause of Death, First (Primary),

Second (Immediate), Congestion of the Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 10/25/84

Undertaker, H Ross

Place of Business, 95 Carey

Jas A Bell M. D.
Medical Attendant.

Address, 101 S Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79083 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Elizabeth Heisa

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* 0 *Months,* 20 *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 445 Lee Ave or Cancer of Uterus

Cause of Death, First (Primary), Cancer of Uterus

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 23, 1884

Undertaker, Jos B. Cook

Place of Business, 707 W Balto St *Address,* 317 Hillen St

Chas Bailey *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79084 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Shrodes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Car Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Fallstown

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 97 Addison Alley

Cause of Death, First (Primary), Accident

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Oct. 24/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 319 N. Gallow

James Perlee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19883 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Orrera

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* — *Months,* — *Days,*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.} —

Occupation, Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penn

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Congestion of Lungs

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial. Oct. 23 1884

Undertaker, Chas Evans

Place of Business, 24 Watts St

H. R. Clark, M. D., Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 79086 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 22: 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Braughton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 67 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Plasterer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} Cor Madison Ave & Biddle St

Cause of Death, First, (Primary.) Chronic Diarrhoea

Second, (Immediate.)

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 24th/84

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St.

P. C. Williams M.D.,
Medical Attendant.

Address, 201 Mad. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79087. *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 23 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22" 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard J Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months* (14) fourteen *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 132 S. Eutaw St.

Cause of Death, First (Primary), Quanition

Second (Immediate),

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem

Date of Burial, Oct 23 - 1884

Undertaker, H Ross.

Place of Business,

James A. Stuart M. D.

~~Medical Attendant.~~ Com'r of Health & Registrar

Address, Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Inspector = Sus & Drowning

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 79088. *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny McCann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* 11 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 4 (3

Place of Death, {Give Street and Number.} 49 Johnson St

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Asthenia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Oktober 24

Undertaker, B. Hagle

Place of Business, 82 West St

R. A. Ellis M. D.
Medical Attendant.

Address, 318 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 79089 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Schultz

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 ye- 6 mon

Place of Death, {Give street and number.} 601 Hanover

Cause of death, First, (Primary,) Indigestion

Second, (Immediate,) Spasm

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Ft Olivers

Date of Burial, Oct 24

Undertaker, J. Hack

Place of Business, 42 West St

L. B. Lacette M. D.,
Medical Attendant.

Address, 361 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 79090

Office of Registrar of Vital Statistics.

5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21 — "84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Jane Davenport

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} No. 43 Hall Alley

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.) " "

Duration of Last Sickness, Died instantly

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 23rd 1884

Undertaker, Wm. H. Dunger

Place of Business, No. 62 East St

Alexander Hill, M.D.,
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ...

Health Department, City of Baltimore.

Permit No. 79091 *Office of Registrar of Vital Statistics.* Ward 13 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

A

CERTIFICATE OF DEATH.

Date of Death, October 23 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Fisher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Child

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 Weeks

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tuberculosis Abdominal

Second (Immediate), Ascites

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Mount Lawn

Date of Burial, October 25/84

Undertaker, H. Sanders & Son

Place of Business, 252 Eastern Av. *Address,* University Hospital

F West M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether ~~married~~ or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22nd October 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Molloy.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 50 *Years,* ~~*Months,*~~ *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, Twenty nine Years.

Place of Death, {Give street and number.} 107 Dolphin St.

Cause of Death, First (Primary,) Consumption.

Second (Immediate,)

Duration of Last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 24 do 1884

Undertaker, Chas L. Scriven

Place of Business, 271 N. Eutaw St

Geo. J. Collins, M. D.
Medical Attendant.
80 W. John St.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases.

Board of Health, City of Baltimore.

Permit No. 77093 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Oct 23 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Ullman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 3 *Months,* — *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penn^a

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 75 Eutaw St

Cause of Death, First (Primary), Epilepsy

Second (Immediate), Paralysis

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Eden H. K. Cemetery

Date of Burial, October 24th 1884 A. R. Arnold M. D.

Medical Attendant.

Undertaker Wm. Eilau

Place of Business, 101 Gough St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79094 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 22d October 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver Carroll Zell.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Forty Eight (48) *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Merchant.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} No 398. Eutaw Place Baltimore

Cause of Death, First (Primary), Albuminuria and Diabetes Mellitus

Second (Immediate), Uremic Coma.

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Octo. 24th 84

Undertaker, STEWART & WORTH UNDERTAKERS 58 Park Ave.

Place of Business,

W C. VanBibber M. D.
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 19895

Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 21/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Burns

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary), Indigestion —

Second (Immediate), Exhaustion.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 23 1884.

Undertaker, Frank McVeigh

Place of Business, 10 Hanover & Pitcher Sts

R. H. Kerlsmith M. D.
Medical Attendant.

Address, Harlem av Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 7996 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 23d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Bondey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 3 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 62 Rose St

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Oct 24th 84

Undertaker, G. Frank

Place of Business, Frank & Wolfe Sts *Address,* 53 Eden St

E. J. Cummings, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No 19091 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose A. Delaney

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, Wh

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City - Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 152 S. Madison Ave.

Cause of Death, First (Primary). Valvular Disease of Heart

Second (Immediate). Apnoea

Duration of Last Sickness. Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct 24th 84

E. B. Britton M. D.

Medical Attendant.

Undertaker G. Franc

Place of Business, Dan'l & Wolfe *Address,* S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 79098 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23rd 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Colin Forte Corrman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 129 Bolton Av.

Cause of Death,
First (Primary), Gastro
Second (Immediate), Enteric Fever

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 25th Sat

Undertaker, [illegible]

Place of Business, [illegible] *Address,* S. W. Cor. Eutaw & Lanvale

John F. Hannan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 79099 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 22-84 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Meyer

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* ..... *Months.* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Jeweller

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ger 26 yr. in U.S.

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give Street and Number.} St Joseph's Hospital

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Apnoea

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Oct 24 1884

Undertaker, Jno R McCoy

Place of Business, 422 W Fayette St *Address,* 188 N Calvert St

Oscar J Cosgrove M. D.
Medical Attendant. C.V.H.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79109 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 23d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Bose

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} 173 Griffin St Court

Cause of Death, First (Primary), Croup

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'ty.

Date of Burial, Oct 24 1884

Undertaker, Felix Brozkowski

Place of Business, 215 S Ann St.

John H. Kelberyer M. D.
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 79101 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia King

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months,* 2 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 313 N. Eden st.

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), ...

Duration of Last Sickness, 11 days

the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemet

Date of Burial Oct 24 th 1884

Undertaker Wm H Hickman

Place of Business No 234 Jay D

Geo A Hartman M. D.
Medical Attendant.

Address, 303 N Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79104 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 22, 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis A. Salzer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* 8 *Months.* 21 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, Jeweler

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 374 Lexington st

Cause of Death, First (Primary), Shot himself in the head

Second (Immediate), and from the effects

Duration of Last Sickness, about 2 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct 24 84

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

Wm A. Jones M. D.

Coroner

~~Medical Attendant~~.

Address, 326 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79103. *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24" 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Angela Stuyve

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 9. 9. *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 71 Pennsylvania Ave

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Oct 25 = 1884

Undertaker, Wm. Daniel

Place of Business,

James A. Stewart M. D.
Medical Attendant.

Com'r of Health & Registrar

Address, Res. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Dowding Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79104 *Office of Registrar of Vital Statistics.* 10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 23. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence McPraul

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} 6 Leo alley

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.)

Duration of Last Sickness, Sick nearly all her life.

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral Cy J. A. Scarff M.D.,

Date of Burial, Oct 24th 1884 Medical Attendant.

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave *Address,* 77 Centre St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79105 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Thursday Oct 23rd 54"

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard L. Windefield

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 9 Months, 2 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 90 Grunmont ave

Cause of Death, First (Primary), Chronic Gastritis & enteritis

Second (Immediate), Exhaustion from Malassimilation of food.

Duration of Last Sickness, 4 1/2 Months.

All the above information should be furnished by the Physician.

Place of Burial, St Marys, Govanstown

Date of Burial, Oct 24th

Undertaker, H. C. Windefield

Place of Business, 90 Grunmont

Wilmer Brinton M. D.
Medical Attendant.

Address, Forrest Place & Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79106 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Waechter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* 0 *Months.* 24 *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} No 424 Eastern Avenue

Cause of Death, First (Primary), Uraemia.

Second (Immediate), Acute Nephritis.

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Oct 24th

Undertaker, Fred Gaede

Place of Business, 278 Caroline

Henry Salzer M. D.
Medical Attendant.

Address, 169 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Physician is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 49107 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sanders

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give Street and Number.} 304 E Monument st

Cause of Death, First (Primary), Asthma

Second (Immediate), Exhaustion

Duration of Last Sickness, 30 Years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Oct 25

Undertaker, M Fink

Place of Business,

James A. Steuart, M. D.

Com. of Health ~~Medical Attendant~~

Address, Pro M D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry McKeown
Sanitary Inspector

[OVER.]

Health Department City of Baltimore.

Permit No. 79108 *Office of Registrar of ... tics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 23 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene C. Wraclellan

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Retired Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hebron New Hampshire

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 596 Cor. Franklin & Braddish

Cause of Death, First (Primary), Died Suddenly from natural

Second (Immediate), Causes unknown

Duration of Last Sickness, About Ten Minutes

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct. 25th 1884

Undertaker, Wm Mearns

Place of Business, N. Eutaw St

Wm A. Jones M.D.

~~Medical Attendant.~~

Address, 326 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 79109 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23d 1884

Full Name of Deceased. { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Jones

Sex, ~~*Male or*~~ *Female.* { Cross out the word not required in this line. }

Age, 22 *Years,* — *Months,* — *Days,*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

Occupation Servant

Birthplace, { State or country, and how long in the United States, if of foreign birth } State of Virginia

Duration of Residence in the City of Baltimore, Six Years

Place of Death, { Give street and Number. } No 16 N. Eutaw St.

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 26-1884

Undertaker W W Madden

Place of Business, 46 East St. *Address,* 375 E. Balto. St.

E. P. Jones *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 79110 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriet Robbins

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 51 *Years,* — *Months,* — *Days,*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland.

Duration of Residence in the City of Baltimore, 45 Years.

Place of Death, { Give street and Number. } 34 McClellan St

Cause of Death, First (Primary), Pneumonia

Second (Immediate) Edema Pulmonum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 23rd 1884

Undertaker W. W. Madden

Place of Business, 846 East St

J. M. Robbins M. D.
Medical Attendant.

Address, 1317 Hermit Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 79111 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, Oct. 22nd 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christian Byer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 69 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, { Give street and Number. } Inst. Little Sisters of Poor

Cause of Death, First (Primary), Cold

Second (Immediate), Bronchitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C.

Date of Burial, October 24

Undertaker B. Hall

Place of Business, 82 West St. *Address,*

Rev. Enoch Bonk M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 79112 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 23. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Krouse

~~Sex~~, *Male* ~~or Female,~~ { Cross out the word not required in this line. }

Age, *Years,* 1 *Months,* 13 *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 266 Franklin St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 266 Franklin St

Cause of Death, { First (Primary), Second (Immediate). Convulsions

Duration of Last Sickness, about an week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, October 25th /84

Undertaker Matthew Cadogan

Place of Business, 227 Mulberry St. *Address,* 175 N Carey St

H. H. Herman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79113 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22d. 89

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Lawson

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months.* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, About 13 mos

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Injured Stomach from a fall

Second (Immediate), ~~wound~~ abscess Retroperitoneal Phlegmon

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Oct 22 / 1889

Date of Burial, West Pub Cemetery

Undertaker, Fred A Kachner

Place of Business, 129 Arlington Ave

W. A. [illegible] M. D.

Medical Attendant.

Address, 326 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during [illegible] her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Health Department, City of Baltimore.

Permit No. 7911 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23d. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Garretson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, Fourteen *Years,* ——— *Months,* ——— *Days*

Color, Brown

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} No. 3 Little Raine St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Lauriel.

Date of Burial, Oct 26. 1884

Undertaker, Wm Jas Gray.

Place of Business, 65 Mulberry St. *Address,* 170 N. Greene St.

F. B. Gardner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23 — "84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rebecca Topman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* —— *Months,* —— *Days.*

Color, ~~White~~ Brown *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give street and number.} No. 32 East Street

Cause of Death, First (Primary,) Dilitation of heart

Second (Immediate,) " "

Duration of Last Sickness, 5 ~~Days~~ years.

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon~~ Sharp St.

Date of Burial, Oct 26th "84

Undertaker, Wm Jas Gray.

Place of Business, 65 Mulberry St.

Alexander Hill, M. D.

~~Medical Attendant.~~

Address Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Cert...

Health Department, City of Baltimore.

Permit No. 79116 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Dolan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* ..... *Months.* ..... *Days*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 97 S Dallas St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Oct. 25 1884

Undertaker, H. A. Dager

Place of Business, 74 S. Bdy

R. W. Mansfield M. D.
Medical Attendant.

Address, 57 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 7917 *Office of Registrar of Vital Statistics.* Ward 3 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23 94

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R. Brady Jr.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* ... *Months.* ... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 17 N. Carolina

Cause of Death, First (Primary), Consumption

Second (Immediate), & Hemd

Duration of Last Sickness, 2 Yrs

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Oct 27 1894

Undertaker, Chas R. Byrne

Place of Business, Front St *Address,* 77 S. Bucelly

D. L. Winston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 79118. *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October. 22, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg. Schemm

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* 7 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Miller.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Nurnberg. Bavaria Germany.

Duration of Residence in the City of Baltimore, 47 yrs.

Place of Death, {Give street and Number.} 151. Canton Ave.

Cause of Death, First, (Primary,) —

Second, (Immediate,) Old age. - Paralysis —

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Prot. Evangelical Sem

Date of Burial, October 24 1884

Undertaker, H. Sander & Son

Place of Business, 232 Canton Ave *Address,* 96 S. Ann St.

C. A. Gosweiler M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79119 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 23d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Engelhardt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give Street and Number.} 167 Alice Anna

Cause of Death, First (Primary), Diphtheria (Malignant)

Second (Immediate),

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, October 24 1884

Undertaker, H. C. Sander Son

Place of Business, 232 Canton Av *Address,* 423 Alice Anna

John H. Ichhofer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

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Board of Health, City of Baltimore.

16

Permit No. 79120 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 23d 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Jackson

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 35 *Years,* *Months,* *Days,*

Color, Mulatto

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Cambridge Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and Number. } 42 Dover St

Cause of Death, First (Primary), Disease of the Heart

Second (Immediate), Convulsions

Duration of Last Sickness, 16 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, oct 24 1884

Undertaker H Ross

Place of Business, 95 Conway

Chas F. Heuer M. D.
Medical Attendant.

Address, 68 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 7912 / *Office of Registrar of Vital Statistics.* Ward 84

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridgett Clancy

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Few Minutes *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 11 Fall St

Cause of Death, First (Primary), [redacted]

Second (Immediate), Exhaustion

Duration of Last Sickness, A few Minutes

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, Oct 24 1881

Undertaker, James P Byrne

Place of Business, 63 W Front *Address,* 171 N Calvert

Geo. Reynolds *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79122 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cordelia Rake

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* Thirteen *Months.* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 290 S. Eutaw St

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Convulsion

Duration of Last Sickness, About twelve days

All the above information should be furnished by the Physician.

Place of Burial, Short Hill

Date of Burial, Oct 25th 1884

Undertaker, E. W. Chase

Place of Business, 196 Howard St

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79123

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23 October 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Van Horn

Sex, Male or Female, { cross out the word not required in this line. }

Age, 50 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Bricklayer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 329 Light st

Cause of Death { First, (Primary,) Phthisis Pulmonalis

, { Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 25 1884

Undertaker, Chas Eyllers

Place of Business, 263 Light st

H W Webster M. D.
Medical Attendant,

Address, 57 Barre 21

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 79124 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore Oct 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Gardner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, ~~Years~~, 7 *Months,* *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and Number.} 338 Penna Ave

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 25

Undertaker, G. H. Blizzard

Place of Business, 201 Penn ave

Wm Gilliam M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 79125 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Harris

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, Col'd

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and Number.} 153 Henrietta St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 25

Undertaker, H Robb

Place of Business, 15 Conway St

Sam'l Bell M. D.,
Medical Attendant.

Address, 161 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 7912 6 — *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Ferguson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md.

Duration of Residence in the City of Baltimore, 15 Years.

Place of Death, {Give Street and Number.} 602 Light St

Cause of Death, First (Primary), Congestion Brain

Second (Immediate),

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 27th

Undertaker, Geo Schilling

Place of Business,

D A Costa M. D.
Medical Attendant.

Address, 110 Fortau

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 79127 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Edelman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 58 *Years,* 7 *Months,* 12 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Teameter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 Years

Place of Death. {Give Street and Number.} No 159 S. Eden St

Cause of Death, First (Primary), Albuminuria

Second (Immediate), Paralysis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimor Cemetry

Date of Burial, Oct 25th 1884

Undertaker, Peter Fred

Place of Business, 91 Eden Ave

Thomas D. Evans, M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...spectfully invited to the Inclosed Request, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79128 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 25 1884

Date of Death, Octr 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel G Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 11 *Days*

Color, c a

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 122 S Dallas St

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Octr 25th 84

Undertaker, W W Mauldin

Place of Business,

James A Steuart M. D.
~~Medical Attendant.~~

Address, Camp & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

J. A. Clay M. Sanitary Inspector [OVER.]

Health Department, City of Baltimore.

Permit No. 79129 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 25 1884

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Wolf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} No 385 Williams St

Cause of Death, First (Primary), Pneumonitis

Second (Immediate),

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Oct 26th 84

Undertaker, L. Franz

Place of Business, L. Franz & Wolfe

M. D.

Medical Attendant.

Address, 345 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79130 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie F. White

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 305 E. Pratt St.

Cause of Death, First (Primary),

Second (Immediate), Heart disease

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Com.

Date of Burial, Oct 26th 84

Undertaker, G. Frame

Place of Business, Pjones & Wife *Address,* 50 So Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of C...

Health Department, City of Baltimore.

Permit No. 79131 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 22, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L. Wilkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... 3 *Months,* ... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 263 N Amm st

Cause of Death, First (Primary), Cleft palate

Second (Immediate), Mal nutrition

Duration of Last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 10 oclock sunday

Undertaker, Fry & Bro

Place of Business, Broadway

H. N. White, M. D.
Medical Attendant.

Address, 347 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 79132

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24 — "84. —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher C. Lewis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} No. 12 Salisbury Alley

Cause of Death, First, (Primary.) Phthisis Pulmonary

Second, (Immediate.) Pulmonary Hemorrhage

Duration of Last Sickness, Been sick for 9 months — bled to death in 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel cem

Date of Burial, Oct 26

Undertaker, H. Blothamy.

Place of Business, 253 E. Lombard St

Alexander Hill, M.D.,
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 79133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lloyd L. Fowles (Fowles)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 215 Mulligan Ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2.09 Mulligan Ave

Cause of Death, First, (Primary.) Bronch

Second, (Immediate.) Exaustion

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 26

Undertaker, Thos J Locke

Place of Business, 73 Jefferson St

Geo W. Bartlemay M.D.,
Medical Attendant.

Address, 370 E. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 79134

Office of Registrar of Vital Statistics. (6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Stokely

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} No 9 Jones Court

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Jones Court No 9

Cause of Death, First, (Primary.) Capilary Bronchitis + umbilical Hernia

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Druid Cem

Date of Burial, Oct 25 1884

Undertaker, J W Madden

Place of Business, 46 East Pr

Ger Barkman M.D.,
Medical Attendant.

Address, 390 E Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79135 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23. '84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andre Mary Soansan

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 37 *Years,* *Months.* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give Street and Number.} 17 Washington Ave

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asphyxia

Duration of Last Sickness, ~~3 yrs~~ Since May

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, October 25

Undertaker, D. Hunt

Place of Business, 82 West St.

L. Pitts M. D.
Medical Attendant.

Address, 467 N. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...personally furnished to the Registrar below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 79136 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edw. Knight

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 29 Bradford Alley

Cause of Death, First (Primary), ~~Stillborn~~

Second (Immediate), Asphyxia

Duration of Last Sickness, Full time

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Oct 26th 1884

Undertaker, John Kenney

Place of Business, 382 Orleans St

C. H. Kuhl M. D.
Medical Attendant.

Address, 392 E. Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 79137 Office of Registrar of Vital Statistics. Ward 13 11/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 10. 24. 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rudolph Hewitt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 hours *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 4 hours

Place of Death, {Give street and Number.} 42 N. Fremont St

Cause of Death, First (Primary), Cyanosis

Second (Immediate), 4 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct. 25/84

Undertaker J. B. Cook

Place of Business, 707 E. Balto St.

R. M. Cashman M. D.
Medical Attendant.

Address, 342 Hurl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 79138 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Sarah Ann Crouse

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* 11 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 228 Pennsylvania Ave Old Home

Cause of death, {First, (Primary) ; Second, (Immediate,) Ivanition

Duration of Last Sickness, Abt a Month

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct. 26/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 229 Townsend St

W. Gray Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79139 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday Octo 25th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James McCart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 4 Months, 19 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} #29 E Madison St Consumption

Cause of Death, First (Primary),

Second (Immediate), Exhaustion

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Oct 26th 1884

Undertaker, Henry W. Mears

Place of Business, 46 N Gay St

Wilmer Smith M. D
Medical Attendant.

Address, Forest Place Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79140 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 23 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James H. Sloan

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 43 W. Eager St

Cause of Death, First, (Primary,) Rheumatic Endocarditis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Oct 25th 1884

Undertaker, Henry W. Sears

Place of Business, #45 N Gay St *Address,* 121 W. Monument St

E. K. McClellan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Instructions below, and to Table of Diseases on back of this Certificate

Board of Health, City of Baltimore,

Permit No. 19141 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgeanna Gibson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days,*

Color, Col

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3yr. 4 mo.

Place of Death, {Give street and Number.} 128 Vine Street

Cause of Death, First (Primary),

Second (Immediate). Gastritis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial, Oct 25th 1884

Undertaker Wm. M. Dunzer

Place of Business, No 62 East St

W. S. Titcomb M. D.
Medical Attendant.

Address, 616 W. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Co-operation of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79142 *Office of Registrar of Vital Statistics.* Ward 51

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25th 1884

OCT 25 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta DeCoursey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St. Mary's Co. Md.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 135 Stirling St.

Cause of Death, First (Primary), Brights Disease

Second (Immediate), Convulsions

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ex Cemetry

Date of Burial, Oct 28th 1884

Undertaker, Wm. N. Dunger

Place of Business, No 62 East St

E. B. Henby M. D.
Medical Attendant.

Address, 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19143 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lina Risley Wiseman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months.* 5 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 4 Wyeth Ave.

Cause of Death, First (Primary),

Second (Immediate), Meningitis

Duration of Last Sickness, two (2) Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 27th 1884

Undertaker, John A Hecker

Place of Business, No 1 Lombard

H. L. Stein M. D.
Medical Attendant.

Address, 387 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79144 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Kibler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ... 4 *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give Street and Number.} 238 Cookson St

Cause of Death, First (Primary), Malarial Fever &

Second (Immediate), Dentition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 25th October

Undertaker, B Hoerle

Place of Business, West St 82

O. A. Cooke M. D.
Medical Attendant.

Address, 160 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79145 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 25 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Buffond Cole + Charles Face

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} (Charles Papa)

Age, 44 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Sweden

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} On board Schooner James Ives off Balto. Co.

Cause of Death, First (Primary) Fall from Mizzen Mast Tree

Second (Immediate), Compression of Brain

Duration of Last Sickness, Five minutes

All the above information should be furnished by the Physician.

Place of Burial, New York City

Date of Burial, 27 October 84

Undertaker, John C. [illegible]

Place of Business, 265 [illegible] Address, 18 Aisquith St

Hall Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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Board of Health, City of Baltimore.

Permit No. 79146

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

OCT 26 1894

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Borman

Sex, Male or Female, {Cross out the word not required in this line.} Borman

Age, ... *Years,* ..... *Months,* 7 wks ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Dying Life

Place of Death, {Give street and number.} 17 Conway St Maramous

Cause of Death, First, (Primary.) .....

Second, (Immediate.) .....

Duration of Last Sickness, 3 or 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, Oct 27

Undertaker, Fred Goode

Place of Business, 219 Caroline *Address,* 143 N Chas

A. B. Kurtz M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79147 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 23 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Lederer

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Laborer

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary) Valvular disease of heart

Second (Immediate), Apnoea

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Oct. 26 1894

Undertaker, G. Blizzard

Place of Business, 201 Penn Ave

F. West M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79148 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *diligently filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John William Freckmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 4 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 489 Hanford Ave

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Oct 27th 1884

Undertaker Adam Fink

Place of Business, 1161 W Gay St Address 36 Fremont Ave

Silas N. Hunter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 79149 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 25 October 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jacob Adelstein
Adelstein

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 63 *Years,* 3 *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Tailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 106 N Gilmanth

Cause of Death. { First (Primary), Heart Disease
Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Sch Peter's Cemetery

Date of Burial, Oct 26 1884

C Hoffman M. D.
Medical Attendant.

Undertaker Jas McGinnis

Place of Business, 193 Pulaski *Address,* 84 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Co-operation of Physicians is respectfully invited to the Queries below, and to Use of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 79150 *Office of Registrar of Vital Statistics.* Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Levy

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* 6 *Months.* 2 *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give Street and Number.} 64 S. Register St.

Cause of Death, First (Primary), Uraemia

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Oct 27 84

Undertaker, Fry Bros

Place of Business, 61 N Broadway *Address,* 57 & 59 Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79151 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26/1851.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Hamilton.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 588 Penna ave

Cause of Death, First (Primary), Inanition.

Second (Immediate), Exhaustion.

Duration of Last Sickness, During life.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 28th

Undertaker, Geo Schilling

Place of Business,

S. Rickert, M. D.
Medical Attendant.

Address, 575 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 79152 — *Office of Registrar of Vital Statistics.* 19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 26th October 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane E. Chappell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* 9 *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 106 N Carey St.

Cause of Death, First, (Primary.) Hemiplegia

Second, (Immediate.)

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, October 28th

Undertaker, Geo Schilling

Place of Business,

H. W. Owings *M.D.,*
Medical Attendant.

Address, 364 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 79153 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Oliver

Sex, ~~Male or~~ *Female.* { Cross out the word not required in this line. }

Age, 17 *Years,* 10 *Months,* *Days.*

Color, Col

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and Number. } 231 Preston st

Cause of Death. First (Primary). Tuberculosis

Second (Immediate).

~~*Duration of Last Sickness,*~~ 5 months

All the above information should be furnished by the Physician.

Place of Burial, Garrison cemetery

Date of Burial, Oct 27 1884

Undertaker Abt Hennely

Place of Business,

R. Winslow M. D.
Medical Attendant.

Address, 201 W Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [OVER.]

Health Department, City of Baltimore.

Permit No. 79154 *Office of Registrar of Vital Statistics.* Ward 16C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 25/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Byrnes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* ..... *Months.* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Gut Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U. S. Co Md

Duration of Residence in the City of Baltimore, 10 Mos

Place of Death, {Give Street and Number.} 214 Warren St

Cause of Death, First (Primary), ...

Second (Immediate), Bright's Dis of Kidneys.

Duration of Last Sickness, 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, Green St Cem

Date of Burial, Oct 27/1884

Undertaker, H. Reese

Place of Business, ~~~~

Jno R Black M. D.
Medical Attendant.

Address, 158 Lucas

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79155 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 26th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan J. Keckler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll County, Md.

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give Street and Number.} 47 S. Monroe St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Hookstown Balto Co. Md

Date of Burial, Oct 28th 1884

J. G. Luthicum M. D.

Undertaker, S. M. Leonard & Son

Medical Attendant for Dr. Jas. Bosley

Place of Business, 782 W. Balto

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the du of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furn within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, a the cause and date of death.

[ove

Health Department, City of Baltimore.

Permit No. 79156 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Fuch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 7 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 2935 Chase St

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, 60 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 28

Undertaker, B. [redacted]

Place of Business, [redacted] *Address,* 1611 Hanover St

L. C. Bunch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79157 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jones

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* 2 *Months.* 8 *Days*

Color, Col Brown.

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —— 40 years

Place of Death, {Give Street and Number.} 15 Jordan alley

Cause of Death, First (Primary), Heart disease

Second (Immediate), dropsy

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 28th 1884

Undertaker, Wm E Gray

Place of Business, 65 Mulberry St *Address,* 219 Madison ave

G Lane Tanyhill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, also to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79158 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 27 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vesta L. Conrad

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 7 *Months.* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 97 So. Ann

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, October 27 1894

Undertaker, H. C. Saunders Son

Place of Business, 252 Canton Av *Address,* 1715 E. Baltimore

G. L. Britton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 19159 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 26 / 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Neal

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months.* 17 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore. 1 - 4 - 17

Place of Death, {Give Street and Number.} 149 Penna Ave

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Collapse of the Lungs

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 27 - 1884

Undertaker, W W Madden

Place of Business, 46 East St

J. A. Gillis M. D.
Medical Attendant.

Address, 150 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79160 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. Leland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 7 *Months,* 25 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lancaster Co. Va.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} 102 S. Washington St

Cause of Death, First (Primary), Pneumonia Typhoid

Second (Immediate), congestion of the Lung

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, October 27th

Undertaker, F. N. Todd.

Place of Business, 131 Hanover St *Address,* 105 N. Central Av

F. A. Sauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 79161 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgeanna Lisher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 67 Bank Street

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Consumption

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Oct 28th 84

Undertaker, G. France

Place of Business, Bantz & Wolfe Bro *Address,* 207 S. Broadway

Jas L. Dashiell Jr. M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Certificate

Board of Health, City of Baltimore.

Permit No. 79162 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Oct.~~ 26th Oct. 18 64

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Edward Cleary

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, ... *Years,* ... *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all his life

Place of Death. {Give street and Number.} 84 E. Twelfth St.

Cause of Death. First (Primary), Inanition

Second (Immediate), Convulsions

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Saint Patrick, cemetary

Date of Burial, Monday Evening Oct 27/64

E. P. Bons M. D.
Medical Attendant.

Undertaker G. Hance

Place of Business, Bank & Holliday Sts. *Address,* 375 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79163. *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Beck (Beck)

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 473 E. Fayette

Cause of Death, First (Primary), Congestive Paralysis

Second (Immediate),

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery,

Date of Burial, Oct 28 the 1884

Undertaker, D Rossing

Place of Business, 125 Orleans St. *Address,* 245 E. Baltimore St.

J Slattery, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 79164 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8bu 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Bauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* ~~XX~~ *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germanie

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Inf'm of the Little Sisters of the Poor

Cause of Death. First (Primary), Syc r Obstruction of the bowels

Second (Immediate), Five days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels. ~~Catholic Cemetery~~

Date of Burial, Oct 27-1884

Jno. Brooke Boyle M. D.

Medical Attendant.

Undertaker M. Bloodcamp

Place of Business, Lombard St. Ave Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 79165. *Office of Registrar of Vital Statistics.* 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

B

CERTIFICATE OF DEATH.

OCT 27 1884

Date of Death, Oct 27 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Goodfellow

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 131 W Madison

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 131 W Madison

Cause of Death, First, (Primary.) Trismus Nascentium

Second, (Immediate.)

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet.

Date of Burial, Oct 28th 1884

Undertaker, John J Andrews

Place of Business, No 416 David Hill Ave

C B Gambrill M.D.,
Medical Attendant.

Address, 59 Caltondale

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

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Permit No. 79166

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Morris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, General Working Man

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Parish Luan, Galway, Irela

Duration of Residence in the City of Baltimore, about thirty Years

Place of Death, {Give street and number.} 451 W Lombard Street near Ashby

Cause of Death, First (Primary,) Dysentery Exhaustion

Second (Immediate,) consequences of above

Duration of Last Sickness, about five Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 28th Edwd. H. White M. D.

Medical Attendant.

Undertaker, John J Lowan

Place of Business, Sexton proprietor Address 109 N. Charles St

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 79167. *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary R. Townsend

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md.

Duration of Residence in the City of Baltimore, 40 Yrs (Baltimore)

Place of Death, {Give street and Number.} 265 Hollins St.

Cause of Death, First (Primary), Cancer of Liver & Stomach

Second (Immediate), " "

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Wakefield Station W. M. R.R.

Date of Burial, Oct. 28/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address* Cor. Arlington ave. & Mosher St.

James Bacon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7958. *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 23 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Kruener

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Oct 26/ 1884

Date of Burial, West Pub Cemetery

Undertaker, Fred A Kershner

Place of Business, 129 Arlington Ave

J West M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79169 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26/824

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Appeel

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 178 S. Chapple St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Oct 27

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79170 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Cunningham

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stone cutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Remittent Fever Yellow Vomiting

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Oct 28th 1884

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

F Wells M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 79171

Office of Registrar of Vital Statistics. (3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Crawford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, Laundress.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 27 S. Caroline St

Cause of Death, First, (Primary.) Bronchitis (Chronic)

Second, (Immediate.) —

Duration of Last Sickness, Some 6 :

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, October 27th 84

Undertaker, Thos P. Jones

Place of Business, 73. Jefferson St

H. W. Goodman M.D.,
Medical Attendant.

Address, 644 W Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 79172 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 27 18...

CERTIFICATE OF DEATH.

Date of Death, October 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Wack

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty-Nine *Years,* — 2 *Months,* — 15 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty-two

Place of Death, {Give street and Number.} 91 Plum Al...

Cause of Death, First (Primary), Cranium Tumor

Second (Immediate), Dropsy; Exhaustion.

Duration of Last Sickness, Unknown — confined to bed Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem...

Date of Burial, Oct 29th 1884

Undertaker Julius Koehler

Place of Business, Sharp & Cross Sts. *Address,* 4 Conway St.

D. E. Lancaster Barclay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 79173 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26 / 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Schwartzman.

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Years, / Months, ~~11~~ 12 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ×

Occupation ×

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime ~~61 Hanover Street~~

Place of Death, {Give street and Number.} 61 Hanover St

Cause of Death,
First (Primary), Cholera infantum
Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oak Hill Cemetery

Date of Burial, 27 Oct

Undertaker Weber

Place of Business,

I did not attend there was no phy present in attendance, I fill up this certificate from information obtained

A Friedenwald M. D.
Medical Attendant.

Address, 88 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 79174 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eleanora Bell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} a dispensary Patient at Womans & Childrens Hosp Disp.

Age, One Years, Months, Days,

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and Number.} 98 ~~Wilkens Alley~~ Monroe alley

Cause of Death, First (Primary), Intestinal Catarrh

Second (Immediate), I have not seen the child since

Duration of Last Sickness, June 23d 84 It was then ill with diarrhoea

All the above information should be furnished by the Physician. I s said to have died of inanition

Place of Burial, Thompson-burg

Date of Burial, Oct-28 1884

Undertaker Abt Hemsley

Place of Business,

A. K. Bond M. D.
Medical Attendant.

Address, 316 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79175 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rapp

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 8 *Months.* 18 *Days*

Color, Color

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 297 E Pratt

Cause of Death, First (Primary), Diphtheritic

Second (Immediate), Diphtheritic Croup

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, St Mary Jonnes Cemetery

Date of Burial, Oct 28 1884

Undertaker, John Heaney

Place of Business, 382 Orleans *Address,* [illegible]

E O Lloyd M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 79176 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 28 1884 BALTIMORE MD

Date of Death, October 27. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Violet Laura Gunny

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* White *Months.* 5 *Days*

Color,

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 10 Myrtle av

Cause of Death, First (Primary), Premature labor caused by falling

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Oct 28th 1884

Undertaker, F. Lewis Schaefer

Place of Business, 1098 Fremont Ave *Address,* 226 Myrtle av

Louis Hohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79177 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleonore Kroeger

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* ..... *Months,* ..... *Days*

Color, white

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} 96 Richmond St

Cause of Death, First (Primary), Gangraena Senilis

Second (Immediate), ~~Pneumonia~~

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Oct 29th 1884

Undertaker, Hellen and Son

Place of Business, Park & Saratoga Sts

Henry Saber M. D.
Medical Attendant.

Address, 169 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 79178 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 27th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Krause

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 22 *Years,* *Months.* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 46 Warren Avenue

Cause of Death, First (Primary). Acute Phthisis Pulmonalis

Second (Immediate).

Duration of Last Sickness, Between 2 & 3 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 30th " 1884

Undertaker E. P. Krause & Son

Place of Business, *Address,* 9 Franklin

John Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die, in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate, setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 79179 *Office of Registrar of Vital Statistics.* Ward 18 1/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 28 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, October 28. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Mueder. Mueder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 7 *Days,*

Color. White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and Number.} 92 Ramsay St

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, October 28. 1884

Undertaker Geo. Leimbach

Place of Business, 389 West Pratt St

P. H. Watts. *M. D.*
Medical Attendant.

Address, 232 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79180 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 28 1884
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct 27th, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Straupk

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give Street and Number.} No. 27 S. Broadway

Cause of Death, First (Primary), ...

Second (Immediate), Dropsy

Duration of Last Sickness, One Month.

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Cemetery

Date of Burial, October 29th 1884

Undertaker, Wm. Eiler

Place of Business, 101 Gough St. *Address,* 248 S. Broadway

W. Eddy, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79181 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 28 1884

CERTIFICATE OF DEATH.

Date of Death, Oct 27 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter W Berry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tobacco Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prince George Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} N W Cor Edmondson Ave & Gilmor St

Cause of Death, First (Primary), Old age

Second (Immediate), Exhaustion

Duration of Last Sickness, Two months -

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct 29th 1884

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 2 Waverly Terrace

Geo H. Egerton *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79182 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 26 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R Rhodes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days* /

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} — — —

Occupation, Commission Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 72 W. Fayette st.

Cause of Death, First (Primary), Died suddenly of

Second (Immediate), Apoplexy

Duration of Last Sickness, about fifteen Minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct 28/84 Wm A. Jones M. D.

Undertaker, Emmert Mitchell Medical Attendant. Coroner

Place of Business, 500 W Fayette *Address,* 32 E Fallsway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his police, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CHAIRMAN OF BOARD OF HEALTH
OCT 28 1884
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26 — "84. —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Croghan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Croghan

Age, 7 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} Hayette + Front, on car track

Cause of Death, First (Primary,) Decapitation, caused by being

Second (Immediate,) run over by Hall Spring's car

Duration of Last Sickness, Died instantly accident

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 28th 1884

Undertaker, James McGinnis

Place of Business, 13 Bowman st

Alexander Hill, M. D.
Medical Attendant.

Address Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore.

Permit No. 79184 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 28 18...

CERTIFICATE OF DEATH.

Date of Death, October 26. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Baylis.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 399 N. Calvert St.

Cause of Death. First (Primary), Old age

Second (Immediate), Chronic Gastritis

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, Oct 29th 1884 J. W. Houck M. D.

Medical Attendant.

Undertaker Henry Whitehall

Place of Business, 550 W Fayette St *Address,* 70 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal..., or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79185 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph W. Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 6 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 75 S. Registers St.

Cause of Death,
First (Primary), Diptheria (Malignant)
Second (Immediate),

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 29th 1884

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness. or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79186 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Stephel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 60 *Years,* ~~Months~~, ~~Days~~

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give Street and Number.} No 187. E. Caroline st

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, Oct 28 ve/11

Undertaker, Fred Gaede

Place of Business, 298 Caroline *Address,* 92 Jackson Square

Thos. S. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79187 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 27, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie L. Matthews

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 7 *Years,* *Months.* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 248 N Carey St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, About 18 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Oct. 29. 1884

Undertaker, Wm. H. Dickinson

Place of Business, 234 N. Gay St. *Address,* 219 S. Broadway

Wm. H. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79188 *Office of Registrar of Vital Statistics.* Ward 20½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 28 18[illegible]

[illegible] BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Reitz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* ——— *Months,* ——— *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1406 (New Number) N. Gilmor St

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Septic Poisoning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 28th 1884

Undertaker, Wm Weaver

Place of Business 20½ N. Eutaw St *Address,*

James A. Stewart M. D.

~~Medical Attendant~~. Com. of Health Registrar

per M.C.L.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore, 20

Permit No. 79189

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 27 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marcella Lewis

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 9 *Years,* 7 *Months,* 19 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number} No. 5 Parish Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Dropsy

Duration of last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Oct 29

L C Olds *M. D.*
Medical Attendant.

Undertaker, J. B Cook

Place of Business, 707 Baltimore St *Address,* 1205 N. Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Health Department, City of Baltimore.

Permit No. 79199 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Orrell Hawkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months.* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 11 Edmonson St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Oct 28 84

Undertaker, G. Pharo

Place of Business, Pharo & Wolfe *Address,* 56 Eutaw St

E. Brumbaugh, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79191

Office of Registrar of Vital Statistics.

1 Sh

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Weisner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 56 East St

Cause of Death, First, (Primary.) Albuminuria a

Second, (Immediate.) Exhaustion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Oct 29th 84

Undertaker, G. France

Place of Business, G. France & Wolfe Sts. *Address,*

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 79192 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 18 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 28. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Stahl

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 10 Months, 18. Days,

Color, White (German)

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 2 Winterlings Court (Canton) Austria

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 2 Winterlings Court

Cause of Death,
First, (Primary,) Cholera Infantum
Second, (Immediate,) Eclampsia.

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Joan. Cemetery

Date of Burial, Oct. 28th 1884

Undertaker, Leonard Ritz.

Place of Business, 131 S. Broadway.

A. V. Gourdier, M. D., Medical Attendant

Address, 96. S. Inn St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79193 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

OCT 28 18

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Taylor

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, Years, 2 Months. Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 219 Dover St

Cause of Death, First (Primary), Cerebral Congestion

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Lane

Date of Burial, Oct 28 1884

Undertaker, H. Doll

Place of Business, 956 Hollins

U. S. Borgi M. D.
Medical Attendant.

Address, 2nd Hair

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 79194 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 28 18

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dashiell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 2 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 918 Eutaw St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, about 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 29th 1884

Undertaker Henry W. Mears

Place of Business, #45 N. Gay St

D W Cothran M. D.
Medical Attendant.

Address 211 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79195 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 28 1

CERTIFICATE OF DEATH.

Date of Death, October 26th 1-am

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Hoy

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Three *Years,* One *Months,* ~ *Days*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give Street and Number.} No 1. King St City

Cause of Death, First (Primary), Phlegmonous Tonsillitis

Second (Immediate), " "

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Edmondson Cemetery

Date of Burial, Oct 28th 1884

Undertaker, Wm. N. Duncan

Place of Business, No 62 East 21st

I R Trimble M. D.
Medical Attendant.

Address, Univ Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79196 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 28 1884

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie A. Loveday

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months.* — *Days*

Color, Black.

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 2 years & 4 mos.

Place of Death, {Give Street and Number.} # 110. S. Caroline St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asthenia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ev. Cemetery

Date of Burial, Oct 29th 1884

Undertaker, Wm. A. Dunger

Place of Business, No 62 East 11

M. H. Harris M. D.
Medical Attendant.

Address, 154. E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 7919 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 28 18

CERTIFICATE OF DEATH.

Date of Death, Oct 26 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ella Dunn

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 30 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Nil.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 27 Forest Place

Cause of Death, First (Primary), Puerperal Septicaemia

Second (Immediate), Asthenia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Oct 29 1884

Undertaker, Jas R Byrne

Place of Business, C3 Front *Address,* 143 N. Eutaw

H. Sheatt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79198 *Office of Registrar of Vital Statistics.* **Ward** 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED OCT 28 1897 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Caroline Fisher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* —— *Months,* —— *Days,*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and Number.} 143 W. Fayette St

Cause of Death, First (Primary),

Second (Immediate). Consumption

Duration of Last Sickness, About 2 years

the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, Oct 29/97

Undertaker W. A. Kayser

Place of Business, 749 S. Bdwy.

F. Ireland M. D.

Medical Attendant.

Address, 2 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 19199 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 28 1

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Grace E. Armitage

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* Eight - *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 19 Pastorius St.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Prostration

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Oct. 29/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 311 W. Lombard St.

B. S. Phillips M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Health Department, City of Baltimore.

Permit No. 79209 *Office of Registrar of Vital Statistics.* Ward 15½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 28th October 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McKinney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* ..... *Months,* ..... *Days*

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, House Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md.

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give Street and Number.} 258 Montgomery St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Laryngitis = complication

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn

Date of Burial, Oct 29 1884

Undertaker, C H Chase

Place of Business, 178 Broadway

L. D. Degen M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3453 Transient

Board of Health, City of Baltimore.

Permit No. 79201 *Office of Registrar of Vital Statistics.* 91

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 28 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Sanders

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dorchester County, Md.

Duration of Residence in the City of Baltimore, Many Years.

Place of Death, {Give street and number.} 5.8. N. Holliday St

Cause of Death, First, (Primary.)

Second, (Immediate.) General Debility

Duration of Last Sickness, 7 or 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 29 1884

Undertaker, S. M. Chase

Place of Business, 199 Howard St

H. H. Goodman M.D.,
Medical Attendant.

Address, 645 W. Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79202 *Office of Registrar of Vital Statistics.* Ward 8 "J"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do; under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 29 1884

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John ~~George~~ Herzinger

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 58 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Brickler

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give Street and Number. } No 3 Laurel St n/ Hartford Ave

Cause of Death, First (Primary), Mitral disease (Valvular

Second (Immediate), Asphyxia

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct. 31st 1884

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* [illegible]

A. Polsen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79203 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 29 1884

a

CERTIFICATE OF DEATH.

Date of Death, October 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharina Hammer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* 2 *Months,* 18 *Days*

Color, white

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} No 248 E. Eutaw St

Cause of Death, First (Primary), cancer of the liver

Second (Immediate), (Sinkers)

Duration of Last Sickness, about months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Oct 29th 1884

Undertaker, Elias + Sohlberg

Place of Business, 184 Shaw's *Address,* 164 N Charles St

Henry Salter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7920 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Jenkins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Four *Months.* Sixteen *Days*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 27 Jordan Alley

Cause of Death, First (Primary), Spasms & Cyanosis

Second (Immediate),

Duration of Last Sickness, 4 Months & 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct-30, 84

Undertaker, Abf Hemsley

Place of Business,

Elias C Price M. D.
Medical Attendant.

Address, 762 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79205

Office of Registrar of Vital Statistics. 188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 28 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Butler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} St Marys Co. Md.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.}

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) & Hydrothorax

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 29 1884

Undertaker, Morgan & Pye

Place of Business, Mulberry St No 7

M.D.,

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79206 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 29 18

CERTIFICATE OF DEATH.

Date of Death, Oct. 28/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Leopold

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 5 *Months,* ..... 1 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 130 Pierce St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 29/87

Undertaker, L. Hertz

Place of Business,

Louis Chas Korn M. D.
Medical Attendant.
per Aug.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79207 *Office of Registrar of Vital Statistics.* Ward 13 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 29 18[illegible]

CERTIFICATE OF DEATH.

Date of Death, October 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alma May Reed,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 2 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and Number.} 211 N Gamble St.

Cause of Death, First (Primary),

Second (Immediate). Convulsions.

Duration of Last Sickness, 36 hours,

All the above information should be furnished by the Physician.

Place of Burial London Park Cy

Date of Burial, Oct 29th 1884

Undertaker John D. Macher

Place of Business, No 150 Canton Address 273 Lexington St

John A. Stroyd M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make returns of all ... on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79408 *Office of Registrar of Vital Statistics.* Ward 8 P.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 29 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 28 1884

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} Mrs. ~~Elizabeth~~ Mary A. Brawner

~~Sex, Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* ——— *Months,* ——— *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} XX Widow

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 73 years

Place of Death, {Give Street and Number.} 203 E. Baltimore St.

Cause of Death, First (Primary), ———

Second (Immediate), Morbus Brightii Chronicus

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Thursday, Oct. 30. /84

Undertaker, Hughes Spence & Co

Place of Business, 60 E Baltimore St.

A. C. Abbott M. D.
Medical Attendant.

Address, 420 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79209

Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1884 BALTIMORE, MD.

Date of Death, Oct. 29/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mimi Hulseman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bald. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 74 Luzerne St.

Cause of Death, First (Primary), —

Second (Immediate), Acute Phthisis

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Oct. 30. 1884

Undertaker, H. Sanders & Son

Place of Business, 252 Gaston Ave. *Address,* 52 So Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 79210 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levin Compton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} No 1 Hayson Alley

Cause of Death, First, (Primary,) Epilepsy

Second, (Immediate,) Strangulated Hemorrhoids

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 29th 1884

Undertaker, Wm. M. Dunges

Place of Business, No 62 East St

Daniel V. Moyer M. D., Medical Attendant.

Address, 192 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7921 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magie Levy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 2 Years, 4 Months. Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} No. 22 Dover St.

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 30 1884

Undertaker, J. W. Base

Place of Business, 78 Howard St

Wm. H. Edenden M. D.
Medical Attendant.

Address, 20 Dolphin & cor. of Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79212 *Office of Registrar of Vital Statistics.* Ward 15 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

OCT 26 1

CERTIFICATE OF DEATH.

Date of Death, Oct 25. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Butler

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* 6 *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 254 E. Howard

Cause of Death, First (Primary), Tetanus

Second (Immediate), ...

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 29 1884

Undertaker S H Chase

Place of Business, 195 E Howard

J H Webster M. D.
Medical Attendant.

Address, 57 Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79213 Office of Registrar of Vital Statistics. Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizia Wintersteen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pact. City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} 107 S. Dallas

Cause of Death, First (Primary), Inanition

Second (Immediate), ...

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, M. E. Evangelical cem

Date of Burial, October 30th 84

Undertaker H. C. Sandelbach

Place of Business, 352 Canton

L. O. Whiteneck M. D.
Medical Attendant

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 79214

Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 27 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A Funk

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Fireman at (Elevator)

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 24 Yrs

Place of Death, {Give Street and Number.} 356 Eastern av

Cause of Death, First (Primary), Valvular disease of heart.

Second (Immediate),

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, October 30 1884

Undertaker, H C Sanders & Son

Place of Business, 352 Canton Av

E Nall Ruckert M. D.

Medical Attendant.

Address, 18 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause aud date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79215 *Office of Registrar of Vital Statistics.* Ward 1 0

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, Oct 28 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Freddie Bethea

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* — *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 298 Eastern Ave

Cause of Death, First (Primary),

Second (Immediate) Croup

Duration of Last Sickness

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, October 30th 84

Undertaker H C Sanders & Son

Place of Business, 252 Canton Av

D W Cathell M. D.
Medical Attendant.

Address, 21 Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79216 *Office of Registrar of Vital Statistics.* Ward 18 4/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wheeler

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 1 *Years,* *Months.* 7 Wks *Days*

Color, W.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Infant

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 29 Washington Av

Duration of Residence in the City of Baltimore. 7 Weeks

Place of Death, {Give Street and Number.} 29 E Washington Av

Cause of Death, First (Primary),

Second (Immediate), Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Bath Lane

Date of Burial, October 29th

Undertaker, Wm J. Fickner

Place of Business, 65 S. Eutaw St *Address.* 467 W. Fayette St

L. L. Sitting M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79217 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 30

CERTIFICATE OF DEATH.

Date of Death, Oct 28/84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George A. Klug

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 32 *Years,* *Months.* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation Cigar Maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and Number. } 193 S. Wash St.

Cause of Death, First (Primary),

Second (Immediate). Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius C

Date of Burial, Oct Feb. 30

Undertaker B Hall

Place of Business, 82 West 11.

L. Keller M. D.
Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 79218 *Office of Registrar of Vital Statistics.* **Ward** 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Long

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 40 Fairmount Ave.

Cause of Death — First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, All his life

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Oct 30th 1884 E. P. Sons M. D.

Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 66 S Broadway *Address,* 375 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79219 *Office of Registrar of Vital Statistics.* Ward 10½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John T. Dashiell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* 1 *Months,* *Days,*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 318 Franklin St

Cause of Death, First (Primary).

Second (Immediate). Apoplexia (?)

Duration of Last Sickness, 2 Days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 31

Undertaker Geo. Schilling

Place of Business,

H. S. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 79220

Office of Registrar of Vital Statistics. 10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
OCT 29 1884
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 27 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Hunkeholt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 95 Poppleton St.

Cause of Death, First, (Primary.) Phthisis.

Second, (Immediate.) Phthisis,

Duration of Last Sickness, four or five months

All the above information should be furnished by the Physician.

Place of Burial, Sand Paul Cemetry

Date of Burial, Oct 30 84

Undertaker, Andrew Rohde

Place of Business, 48 Penna ave

W E Morgan *M.D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79221 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 28. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 137 Aisquith St

Cause of Death, First (Primary), Phthisis

Second (Immediate), cerebra

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Octo 29 1884

Undertaker, Hercules Ross

Place of Business, 99 Conway st

W. S. A. Boozer M. D.
Medical Attendant.

Address, 220 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 19222 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 29 1884

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* 9 *Months,* 4 *Days*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Hod Carrier

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Montgomery Co Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 295 Raborg St

Cause of Death, First (Primary), Paralysis

Second (Immediate), "

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 29th 1884

Undertaker, Wm Dunagin

Place of Business,

Thomas A Glenn M. D.

~~Medical Examiner.~~

Address, Cor Fulton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

W. C. Roberts Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 19223 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 4 30 P.M. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dashields

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 14 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 110 S. Caroline St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), ...

Duration of Last Sickness, Since Thursday last - called on 26

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 29

Undertaker, John H Wilson

Place of Business, 142 S Caroline St

James E Donnelly M. D.
Medical Attendant.

Address, 299 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79224 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 29 1884

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Burley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prince George Co Md

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 127 Harmony Lane

Cause of Death, First (Primary), Paralysis

Second (Immediate), " "

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Winans

Date of Burial, Oct 29th 84

Undertaker, Wm H Unger

Place of Business, ... *Address,* Camden & R

James A Steuart M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H Roberts Sanitary Inspector [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79225 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted] Michael Kelly

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ... *Years,* ... 5 *Months,* ... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 134 E Lombard St.

Cause of Death, First (Primary),

Second (Immediate), Dentition

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Oct 29th

Undertaker, James McGuinness

Place of Business, 193 Lowman

J J Gross M. D.
Medical Attendant.

Address, 13 Eden, n

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79226 *Office of Registrar of Vital Statistics.* Ward 12th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 28/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~One~~ *Years,* 1 *Months,* 14 *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~Child~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant asylum.

Cause of Death, First (Primary), Indigestion

Second (Immediate), Exhaustion.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 29/84

Undertaker, Frank McVey

Place of Business, Divine & Irmand

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 79277 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia James.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 335 N. Howard St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Apnoea or Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 29th 1884

Undertaker, W. W. Madden

Place of Business, 446 East St

Robert J. Wilson M. D.,

Medical Attendant.

Address, 446 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79228 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, October 27th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Male Patrick Reddels

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 123 Division st.

Cause of Death, First (Primary), Died Suddenly from a

Second (Immediate), Gastritis & a gastric ulcer

Duration of Last Sickness, complained 4 weeks, ill about 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Barnia Bra Cem

Date of Burial, Oct 31 1884

Undertaker, Martin Fahey

Place of Business, 128 W Fayette st

Wm A Adams M. D.

~~Medical Attendant.~~ Coroner

Address, 326 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7929 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emil Kakacak

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 51 N Duncan Alley

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, St Alysanius Cemetri

Date of Burial, Oct 29 1884

Undertaker, John Herring

Place of Business, 382 Orleans St *Address,*

James Clinn M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M McKeown
Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Page.

Board of Health, City of Baltimore.

Permit No 19230 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 29 1884

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georganna Harris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and Number.} 130 N Central Ave.

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, About nine months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 28th 1884

Undertaker W F Madden

Place of Business, 246 East St

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 79231 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 30 1884 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Octo 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Margaret Hertlet

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* 11 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Bavaria

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 133 Druid Hill avenue

Cause of death, First, (Primary,) Rheumatism & abscess of Knee

Second, (Immediate,) Probably metastasis to Brain

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bloomingdale

Date of Burial, Oct 30th 1884

Undertaker, Gordon Lark

Place of Business, 66 Druid Hill

Caleb Winslow M. D.,
Medical Attendant.

Address, 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79232 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 28 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julie Newman

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 24 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} E. Above St. & Caroline

Cause of Death, First (Primary), Meningitis Cerebro-Spinalis

Second (Immediate), Paralysis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, October 30 84

Undertaker, G.W. Sandy & Son

Place of Business, 252 Caroline St. *Address,* 245 E Pratt

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79233 *Office of Registrar of Vital Statistics.* Ward 21 1/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 29 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E Billis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 76 Lancaster St

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Methodist Ch Cem

Date of Burial, October 30 1884

Undertaker, Wm Sanders Jun

Place of Business, 252 Lanvale *Address,* 292 E Balt St

James E Donnell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7923 — *Office of Registrar of Vital Statistics.* Ward 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled, out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, October 29th 1884.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Carl Thiele

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, —— *Years,* 10 *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 weeks

Place of Death. {Give street and Number.} 145 Burgundy st.

Cause of Death. First (Primary), Meningitis

Second (Immediate), Spasm

Duration of Last Sickness, 10 days

the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 30 th 1884

A. V. Buddenbohn M. D.
Medical Attendant.

Undertaker Julius Koehler

Place of Business, Sharp & Cross *Address,* 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79235 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a fast illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Schäffer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* 7 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 48 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 183 N Central Ave

Cause of Death, First (Primary), Sarcomatous Tumor over Sacrum Chronic Intestinal Catarrh

Second (Immediate), Exhaustion

Duration of Last Sickness, Cannot say Definitely

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 1st 1884

Undertaker, Fred Gaede

Place of Business, 29 S Caroline *Address,* Cor Bayard & Caroline Street

J E V Shore M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79236 *Office of Registrar of Vital Statistics.* Ward 20"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Virginia Hynson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* 7 *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 153 Mosher St

Cause of Death, First (Primary), Brights Disease

Second (Immediate), Paralysis & Dropsy

Duration of Last Sickness, Do not know as Dr. Donaldson attended her for some time. I was only called in a few days before death.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cy

Date of Burial, Nov 1 1884

Undertaker, Stewart & Mann

Place of Business, 35 Park

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N. Chas St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 79237 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 30 1882

CERTIFICATE OF DEATH.

Date of Death, October 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis F. Haid

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 3 *Months,* 10 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B.C

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 49 East Biddle St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, October 30 1882

Undertaker, Henry Hoeck

Place of Business, 309 N. Central Ave

Irving Miller M. D., Medical Attendant.

Address, 179 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 79238 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28 Oct 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Barry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Millwright

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 38 years

Place of Death, { Give street and Number. } 43 Woodward St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Oct. 30/84

H. M. Mel[illegible] M. D.
Medical Attendant.

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address,* 57 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Law of [illegible]

Board of Health, City of Baltimore,

Permit No. 79439 *Office of Registrar of Vital Statistics.* Ward 9"

The Physician who attended any person in a last illness, is responsible for the presentation of this ~~Certificate, accurately filled out,~~ to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 30 [illegible]

CERTIFICATE OF DEATH.

D

Date of Death, Oct 29th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jos. H. Ruddock

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 57 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } St James Hotel

Cause of Death, First (Primary), Bright's Disease

Second (Immediate),

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, October 31st 1884 H. Tuttle M. D.

Medical Attendant.

Undertaker Wm Weaver

Place of Business, 202 N. Eutaw St *Address,* 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79240 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 30 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick D. Cassell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } — —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } Pt Lane & Spring Garden Sts

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, October 31 1884

Wm B. Billingslea M. D.
Medical Attendant.

Undertaker Wm S Weaver

Place of Business, 202 N. Eutaw *Address,* 218 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79241 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislaus Petchalk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} # 61 Thames St

Cause of Death, First (Primary), Entero-colitis

Second (Immediate),

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Most Holy Redeemer.

Date of Burial, October 31st

Undertaker, W. Dilpfel

Place of Business, 151 Bond

John H Rehberger M. D.
Medical Attendant.

Address, 2432 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7924 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 30 18

CERTIFICATE OF DEATH.

Date of Death, October 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Fuller

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, *Years,* *Months,* 4 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 153 N. Chapel st

Cause of Death, First (Primary), Tetanus

Second (Immediate),

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Oct 30th 84

Undertaker, G. Thamer

Place of Business, Penn & Wolfe sts

G. L. Dausch M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79243 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 30

CERTIFICATE OF DEATH.

Date of Death, Oct. 28th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mc Dewitt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Stevedore

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Canada

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary),

Second (Immediate), Cerebral Hemorrhage

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Oct 30th 84

Undertaker, G. France

Place of Business, Bank & Wolfe Address, W. N. Baltimore

Dr Wiot M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 19244 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 29th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johnnie Hotz

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* 8 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 487 E. Baltimore Street

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Com.

Date of Burial, Oct. 30th 84

Undertaker, G. Franz

Place of Business, Bank & Wolfe Sts *Address,*

James [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 79245 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 30 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Peters Jr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 Years, Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Book Binder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 307 Mosher St

Cause of Death,
First, (Primary,)
Second, (Immediate,) Consumption

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Oct 31st 1884

Undertaker, Leonard Mitchell

Place of Business, 5011 Fayette [illegible] Address, Lafayette & Park Ave

W. K. Garner M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 79246 *Office of Registrar of Vital Statistics.* 20

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OFFICE OCT 30 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel F. Harvey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* 7 *Months,* 18 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Collar Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Middletown Delaware

Duration of Residence in the City of Baltimore, Fifty two years

Place of Death, {Give street and number.} N 240 Pennsa Ave

Cause of Death, First, (Primary.) Renal Atrophy

Second, (Immediate.)

Duration of Last Sickness, About Eight months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Oct 31st 1884

Undertaker, F. Louis Schaefer

Place of Business, 109 N Fremont

James Armitage M.D.,
Medical Attendant.

Address, 1114 Pacca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19247 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1884

CERTIFICATE OF DEATH.

Date of Death, Wednesday Oct 29. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Kehoe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Engineer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, {Give Street and Number.} 187 E. Eager St.,

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 13 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 31st 1884

Undertaker, Henry W. Means

Place of Business, 446 N. Gay St. *Address,* Forest Place & Chase St.

Wilmer Kemlon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 79248

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79248 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 28th, 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ann Shriver

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* 2 *Months,* 15 *Days*

Color, White

Married, *Single,* *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 35 Eastern Ave

Cause of Death, First (Primary), Hypertrophy of Heart

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Rock Creek Cem. Co. Md.

Date of Burial, Oct. 31/94

Undertaker, W. A. Salyer

Place of Business, 748 Broadway

Address, 35 E. Eastern Ave

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79249 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10-30-84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harred Courtney Haskell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* ~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 392 Hoffman St

Cause of Death, First (Primary), ~

Second (Immediate), Membraneous Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Oct 31st 1884

Undertaker, John S. Meadow

Place of Business, No 150 Camden

J. H. Gurney M. D.
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7926 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 29th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David J. Burke

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Fireman B&O R R

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } B&O R R near Rumsey's Machine Shops Locust Point

Cause of Death, First, (Primary,) Injuries received by the Explosion of Engine No 128 of B&O R R Co. Oct 29th 1884

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 31st 1884

Undertaker, John J. Macher

Place of Business, No 150 Camden

Jno A Bell M. D.,
Medical Attendant

Coroner's Office

Address, 161 S Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 7925 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 29 '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Henry Hyatt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Union Georges County

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 63 [illegible]

Cause of Death, First (Primary), Died Suddenly from

Second (Immediate), heart disease

Duration of Last Sickness, Dead when found dead in bed

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Oct 31st 1884

Undertaker, D. Leary & Mitchell

Place of Business, 530 W Fayette St

Wm H. Jones M. D.

Medical Attendant.

Coroner

Address, 52 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 79252 *Office of Registrar of Vital Statistics.* Ward 15?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 84 —

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Cuhn

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 84 *Years,* 7 — *Months,* *Days,* 1

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } W

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, { Give street and Number. } 9 9 Ledenhall

Cause of Death, First, (Primary,) Senile debility —

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ft Gregory Cem.

Date of Burial, Oct 31

Undertaker, B Hall

Place of Business, 82 West St.

Geo A Krauss M. D.,
Medical Attendant.

Address, 266 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 79253 *Office of Registrar of Vital Statistics.* **Ward** 2 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 31 1884

CERTIFICATE OF DEATH.

Date of Death, Oct, 29/884,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clorinda Sanchioni

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 47 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Home Wife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, { Give street and Number. } 174 S Broadway

Cause of Death, First (Primary),

Second (Immediate) Adynamia

Duration of Last Sickness, Sometime

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Ce

Date of Burial, Oct 31 st

Undertaker W. Leipper

Place of Business,

[illegible] M. D.
Medical Attendant.

Address, 882 Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

F. J. Miles M.D. Consulting Physician.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79252 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

OCT 31 1879

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 30 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James McGurdy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and Number.} 42 Hillman St

Cause of Death, First (Primary), Bright's Dis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 31 st

Undertaker H. C. Niedefeldt

Place of Business, 9 Guilford Ave

J. H. Robertson M. D.
Medical Attendant.

Address, 28 Grant Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 79255 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Petri

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 80 80 *Years,* ..... *Months.* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Schumacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germania

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give Street and Number.} Baltimore Watson St N 14

Cause of Death, First (Primary), ...

Second (Inimediate), Marasmus

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Oct 31

Undertaker, C F Law

Place of Business, 62½ W Balt St

Jr Mathias M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 79256 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 30 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Brooks

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, 15 Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 8 Eulison Court

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Shanks St Cemetery

Date of Burial, Oct 31 1884

Undertaker, Alex Hemsley

Place of Business,

J. A. Billis M. D.,
Medical Attendant.

Address, 150 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 19257 *Office of Registrar of Vital Statistics.* Ward 16 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Geo. Henry Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widower or Widow, {Cross out the word not required in this line.}

Occupation Hod Carrier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys Co. Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} Wayne 15th

Cause of Death, First (Primary), Intersusception

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Octo 31 1884

Undertaker Hercules Ross

Place of Business, 95 Conway st *Address,* 414 Hanover

Geo. H. Benson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 79254 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles C. Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 1452 Collington Ave

Cause of Death, First (Primary), Cerebro Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, November 2nd 84 W. H. Hall M. D.

Medical Attendant.

Undertaker, John C. Schuh

Place of Business, 265 Aliceanna *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 79259 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

OCT 31 '84

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Frederick Bassler Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* 3 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 52 Bruce st

Cause of Death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Exanthim from the Scarlatina (diphtheria Rheumatism Bronchitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 1st 1884

Undertaker, Andrew Kehde } Dan'l Gilpinous M. D., Medical Attendant.

Place of Business, 45 Lima ave } *Address,* 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1916 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Dixon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Engineer B&O R.R.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} B&O R.R. near Ramsays Machine Shop Locust Point

Cause of Death, First, (Primary,) Injuries received by the Explosion of Engine No 128. of B&O R.R. Co. Oct 29th 84

Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Leitchfield Ky

Date of Burial, Oct 31st 1884

Undertaker, John J. Mackie

Place of Business, No 15 Camden St

E A Bell M. D.,
Medical Attendant.

Coroner

Address, 161 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 30, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard le. Stockton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* 11 *Months,* 10 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, A Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Uniontown, Pa

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and number.} 179 N. Gilmor

Cause of Death, First (Primary,) Brights Disease

Second (Immediate,) Uraemic Coma

Duration of Last Sickness, 14 hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 1st

W. T. Howard M. D.
Medical Attendant.

Undertaker, Hoffman & Sons

Place of Business, Park & Saratoga sts

Address 181 Md. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 79262 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 30th 11 P. M. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Baker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 184 N Dallas

Cause of Death, First (Primary), Diphtheria

Second (Immediate), ...

Duration of Last Sickness, Do not know paid only one visit

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, Oct 31 1884

James E Emmitt M. D.
Medical Attendant.

Undertaker, John Kenney

Place of Business, 382 Eutaw St *Address,* 299 E Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79263 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30th October 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosetta Gray

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* *Months,* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, House-Keeping

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give Street and Number.} 42 Peach alley

Cause of Death, First (Primary), Remittent Fever

Second (Immediate), Coma and Exhaustion

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, November 1st/84

Undertaker, Wm J. Gray

Place of Business, 65 Mulberry St *Address,* 146 Hill St.

J. F. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule 10 printed on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79264 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 31 1884

CERTIFICATE OF DEATH.

Date of Death, October 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Bell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years~~, 2 hours ~~Months~~. ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 69 S. Eutaw St

Cause of Death, First (Primary), Premature birth 8th month

Second (Immediate), —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Com

Date of Burial, Oct 31st 84

Undertaker, G. Frazier

Place of Business, Bank & Wolfe

E. E. Shuler M. D.
Medical Attendant.

Address, 69 E. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 19265

Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 31 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Holz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 9 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 481 E. Baltimore St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov 1st 84

Undertaker, G. Thomas

Place of Business, Bons & Wolfe

Chas. F. Blume M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 7926 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday morning Oct 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samual Charles Green

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 6 *Years,* 3 *Months,* 3 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cumberland

Duration of Residence in the City of Baltimore, Two years and two month

Place of Death, {Give street and Number.} No 30 Hann's Alley

Cause of Death, First (Primary), Diphtheria

Second (Immediate), do

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Nov 1 st 84

Undertaker G. Frank

Place of Business, Bauer & Wolf *Address,* 28 O Donnell St

J E Tribbard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 19267 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Lucinda Jane Bell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} Corner McElderry & N Broadway Alley

Cause of Death. First (Primary), Acute Bronchitis

Second (Immediate), ...

Duration of Last Sickness, about 1 month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Oct 31st 1881

Undertaker Wm N. Dungan

Place of Business, No 62 East 21st

D. M. Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79268 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 31 1884

CERTIFICATE OF DEATH.

Date of Death, October 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha A. Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 7 Months, — Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} # 121 N. Durham St

Cause of Death, First (Primary), Enteritis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 31st 1884

Undertaker, Wm. N. Duncan

Place of Business, 1662 East 3d St

G. F. Taylor M. D.
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79269 *Office of Registrar of Vital Statistics.* Ward 1st 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT. 31 18[illegible]

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Novak

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 380 Alice Anna St

Cause of Death, First (Primary), Diarhoea

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphancius Cimetery

Date of Burial, November 2. /84

Undertaker, Coach. Co. John H. Rehberger M. D.
Medical Attendant.

Place of Business, 319 N. Durham *Address,* 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79279

Office of Registrar of Vital Statistics.

Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Octo 31 at 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Jaromeksy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ ~~Months,~~ 14 Days

Color,

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 230 Aucauma st

Cause of Death, First (~~Primary~~), Inanition

Second (~~Immediate~~),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus. Cem

Date of Burial, November 1 / 84

Undertaker, Leach. Co.

Place of Business, 319 N. Durham st

Tho. B. Evans M. D.
Medical Attendant.

Address. 22 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Regulations below, and to Use of Blanks on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79271 *Office of Registrar of Vital Statistics.* Ward 6 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 31 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Reinhart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 15 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 211 ½ Fayette St. East

Cause of Death, First (Primary), Croup.

Second (Immediate), Convulsions

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, F. Oddfellows Ch

Date of Burial, November 2nd 1884

Undertaker, Henry Hoeck

Place of Business, 303 N. Paca St *Address,* 121 Orleans St

L. T. Grupe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79272 *Office of Registrar of Vital Statistics.* Ward 6 E 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irena Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore MD

Duration of Residence in the City of Baltimore, Died here

Place of Death, {Give street and Number.} 104 N. Dallas St

Cause of Death, First (Primary), Marasmus

Second (Immediate), Convulsions

Duration of Last Sickness, One Hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 31st 1884

Undertaker A. Of Feeney

Place of Business, *Address,* 1016 E Fayette st

Virgie Vinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79273 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs C. R. Gittings

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Albany N. Y.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 92 Myrtle ave

Cause of Death, First (Primary), Abdominal Dropsy

Second (Immediate), Valvular Heart Disease

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Nov 2nd 1884

Undertaker, John J Andrews

Place of Business, No 426 Druid Hill Ave

Edwd F. Mitchell M.D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Annexed Notice.

Health Department, City of Baltimore.

Permit No. 79274 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 31/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Lohmer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give Street and Number.} 2 Walnut alley

Cause of Death, First (Primary),

Second (Immediate), Consumption of Bowels

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 1/84

Undertaker, A Rosenbergen

Place of Business,

James A. Stewart M. D.

~~Medical Attendant.~~

Co. Health Physician

Address, Cor Mt Shaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Geo. E Brown Sanitary Inspector

[over.]

The Special Attention of Physicians is respectfully invited to the Reports below, and

Health Department, City of Baltimore.

Permit No. 7225

Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 31 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Arachoseffka

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, Months, 10 Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 235-S Bond St

Cause of Death, First (Primary),

Second (Immediate), Croup

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, Nov 1st 1884

Undertaker, J Cavanaugh Co.

Place of Business,

James A. Ewart M. D.

Com. of Health & Registration

Address, Per M Shane

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79276 *Office of Registrar of Vital Statistics.* Ward 15 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 1st 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella May Yost

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* ~ *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 211 W. Pratt St

Cause of Death, { First (Primary), acute Meningitis tuberculosa / Second (Immediate). }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, October 2 1

Undertaker Joseph B Coop

Place of Business, 707 W. Baltimore St

Chas F Hauser M. D.
Medical Attendant.

Address, 68 Shamp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Health Department, City of Baltimore.

Permit No. 79277 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Memhenett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months.* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 224 Alicanna St

Cause of Death, First (Primary), Malnutrition

Second (Immediate), Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Nov 1st 1884

Undertaker, Peter Frey

Place of Business,

James A. Stewart M. D.

~~Medical Attendant.~~ Com. of Health Physician

Address, 224 Alicanna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79278

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Brian Nunn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,*

Color, White *Months.*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} *Days*

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland - Lived in U.S 17 Mos

Duration of Residence in the City of Baltimore, 17 Months

Place of Death, {Give Street and Number.} 632 W Pratt St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters.

Date of Burial, Nov 2, 1884

Undertaker, Matthew Gadsan

Place of Business, 227 Mulberry St

N. M. Wilson M. D.
Medical Attendant.

Address, Park & Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79279 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percy Butler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 9 Vincent Alley

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Charles St

Date of Burial, Nov 1st 1884

Undertaker, Wm S. Duncan

Place of Business,

James A. Steuart M. D.

~~Medical Attendant~~ Com. of Health & Registrar

Address, 1 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

W. C. Roberts Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Permit No. 79280

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 1 — "84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Clifford

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* —— *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} No. 91 Hillen St.

Cause of Death, First, (Primary.) Fracture of cervical vertebrae & laceration

Second, (Immediate.) of spinal cord, caused by accidental discharge of a Pistol by herself — Suicide

Duration of Last Sickness, Died instantly

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Nov 2nd 1884

Alexander Hill, M.D.,
Medical Attendant.

Undertaker, Jas C Byrne

Place of Business, 6 S Front *Address,* Coroner Cent. Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19281 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Myers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} 655 Lombard

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, November 2nd 1884

Undertaker, Leonhard Kurtz

Place of Business, 277 S. Bond St. *Address,* 655 Lombard

W. H. Hatch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79282 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Brooks

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 1514 E. Chappell St

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Nov 1st 84

Undertaker, G. Francis

Place of Business, Bank & Wolfe Sts *Address,* 24 E. Broadway

W. H. Watts, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79283 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 30/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 12 *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 430 Parsons alley.

Duration of Residence in the City of Baltimore, 12 days.

Place of Death, {Give street and Number.} 430 Parsons Alley

Cause of Death, First (Primary), Inanition

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 2nd 1884

Undertaker Alex Heemly

Place of Business, 116 Orchard st Address, ...

G. W. Annies M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 19284

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19284 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 30 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet White

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months.* ... *Days*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 11 Stirling al

Cause of Death, First (Primary), Membranous Croup 3 days

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 1st 1884

Undertaker, Wm. N. Dunger

Place of Business, No 62 East-st

J. H. Cloth M. D.
Medical Attendant.

Address, Balto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 79285 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1st November 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christine Schultz

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. } Female

Age, 77 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, { Cross out the word not required in this line. } Widow

Occupation, Confectioner

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, { Give street and Number. } #528 West Fayette St

Cause of Death, First, (Primary,) Apoplexia

Second, (Immediate,) Coma

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 3d 1884

Undertaker, Jno M Mc[illegible]

Place of Business, #22 W Fayette St *Address,* West Fayette St

C S Jones M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79286

Office of Registrar of Vital Statistics. 16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 31st, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Johnson

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, Color

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto, Md. Whole life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 9 Warner St.

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.) General debility

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem'y

Date of Burial, Nov. 2, 1882

Undertaker, Parkins & Rob

Place of Business, Cemetery & Little Pacca

A. C. Smith *M.D.,*

Medical Attendant.

Address, # 106 Columb. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79287 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T Sprankling.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* 5 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Veterinary Surgeon

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 236 N. Caroline,

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 3d

Undertaker, George Schilling

Place of Business,

J Ridgway André M. D.
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79288 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Pawlak

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, / *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give Street and Number.} # 193 Eastern Av.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, November 2nd 84

Undertaker, H. C. Sander & Son

Place of Business, 252 Bolton St

John H Lehberger M. D.
Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79289 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 1st, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Judith M. Curry,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months.* 2 1 *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia, Pa

Duration of Residence in the City of Baltimore, 50 years -

Place of Death, {Give Street and Number.} 165 Argyle Ave.

Cause of Death, First (Primary), Medullary Sarcoma,

Second (Immediate), Exhaustion, partially caused by mechanical interference with deglutition

Duration of Last Sickness, At least 20 years, actively worse for 5 or 6 weeks past -

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov. 2nd 1884

Undertaker, D Emy & Mitchell

Place of Business, 430 W Fayette St

Eldridge C. Price, M. D.
Medical Attendant.
Office 262 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79290 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Benck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 mos

Place of Death, {Give Street and Number.} 18 Burrough St

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore C.

Date of Burial, Novem 1

Undertaker, B. Hulk

Place of Business, 82 West St.

Robert S. Lowe M. D.
Medical Attendant.

Address, 343 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79291 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1 1884

CERTIFICATE OF DEATH.

Date of Death, November 1 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Connelly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 Years.

Place of Death, {Give street and Number.} Cor. Aliceanna & Eden Sts

Cause of Death, First, (Primary,) Fracture of the Fibula & Tibia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Attended him five days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Nov 2/84

Undertaker, W. A. Sayer

Place of Business, 74 S. Eden

H. L. Dashiell Jr. M. D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

(over)

(5 Visits)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 74292 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1874

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Hausman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} No 125 E. Eutaw

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 3rd

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline St *Address,* 211 S. Eutaw

J. Gladd M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 7293

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79293 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Brow (Brown)

Sex, Male or Female, {Cross out the word not required in this line.} ~~14 days~~ Female

Age, ... *Years,* ..... *Months,* 14 *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 430 Parish Alley

Duration of Residence in the City of Baltimore, 14 days.

Place of Death, {Give street and Number.} 430 Pa. Alley

Cause of Death, First (Primary), Inanition

Second (Immediate), ...

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Nov 2 1884

Undertaker Adf Hemsley

Place of Business, ... *Address,* .....

G. W. Ames M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79294 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 31 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Washington Brown

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* 1 *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and Number. } 5-4 Harmony Lane

Cause of Death, First, (Primary,) Marasmus Dangerous

Second, (Immediate,) Laryngismus (Suffocation)

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 2nd 1884

Undertaker, Wm N. Draper

Place of Business, 1166 East Balt St

Was requested by Coroner but the Parents have gone

H. F. Hill M. D.,
Medical Attendant.

Address, 23 Eden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79295 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml. Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 85 *Years,* 10 *Months,* xx *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md

Duration of Residence in the City of Baltimore, a few weeks

Place of Death, {Give Street and Number.} 54 Josephine St

Cause of Death, First (Primary), Senile Gangrene - Right foot -

Second (Immediate), Exhaustion x

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 2nd 1884

Undertaker, Wm N. Dunger

Place of Business, 1162 East Fal

W. F. A. Kemp M. D.
Medical Attendant.

Address, 55 No Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19296 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella,

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 14 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto-

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), Laration.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov. 2/84

Undertaker, Frank Mc Veagh.

Place of Business, Divine & Mc Veagh

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79297 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 1. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. H. Wallace

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cincinnatti Ohio

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give Street and Number.} 201 N. Fremont St

Cause of Death, First (Primary), Hemorrhage

Second (Immediate), Internal Ruptured bronchus caused by severe attack of coughing

Duration of Last Sickness, 16 hrs

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 3d 1884

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 306 E Lafayette St

Chas. W. Heff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79298 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 1 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Theodore Münch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* 10 *Months,* — *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany, 49 Years

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give Street and Number.} 466 Saratoga St

Cause of Death, First (Primary), Cancer of Stomach

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 3/84

Undertaker, J B Corp

Place of Business, 707 W Baltimore

C. K. Mitchell M. D.
Medical Attendant.

Address, 7 Hanover Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79299 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert E. Burman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 3 *Months,* 2 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, all life.

Place of Death, {Give Street and Number.} 223 Hollins.

Cause of Death, First (Primary), Pseudo membran. laryngitis — Croup

Second (Immediate), Asphyxia —

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 7

Undertaker, J B Cook

Place of Business, 707 W Baltimore

C. F. Kemp M. D.
Medical Attendant.

Address, 56 N Gay

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 19300 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Krauss

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Baltimore (405 10 Gall)

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 6 weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 3d 1884

Undertaker Geo Lamborn

Place of Business, 359 W Pratt St Address,

J. E. Sluyett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79301 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF ~~DEATH~~.

Date of Death, November 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Will Barger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 7 *Months,* 3 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation artist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 146 Hillen St

Cause of Death, First (Primary), Typhus

Second (Immediate), Phthisis pulm.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov. 3d 1884

Undertaker George Schilling

Place of Business, Asquith & Aberdeen *Address,* 57 [illegible]

Baltimore M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 79302

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79302 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 4 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31/84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Kreis

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 74 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Retired

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and Number. } 133 N Eutaw

Cause of Death, First (Primary). .....

Second (Immediate). Bright's Disease

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov. 3 84

Undertaker Chas. Tiernan

Place of Business, 271 N. Eutaw

D. Gilles M. D.
Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79203 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 31 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Loynes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months.* — *Days*

Color, Col

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give Street and Number.} 178 S. Howard

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Paralysis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 2nd 1884

Undertaker, Saml W. Chase

Place of Business, 198 S. Howard St

Reuben Lake M. D.
Medical Attendant.

Address, 446 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79304 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Armstrong

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* — *Months,* — *Days*

Color, Negro

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co.

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give Street and Number.} 12 N. Lem[illegible]

Cause of Death, First (Primary), Anuerism (of Arch of Aorta, probably)

Second (Immediate), Apnoea

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, Oct 22nd 1884

Undertaker, Samuel M. Chase

Place of Business, 98 South Howard St *Address,* 1489 Eden

12 N. Street M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79305 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31st, 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Hill

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} — —

Age, 25 *Years,* — *Months.* — *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook ~~Washing~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 14 Little Pine Street

Cause of Death, First (Primary), Epilepsy and

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Mem-

Date of Burial, Nov 2 /84

Undertaker, L. Hans

Place of Business, Mulberry Near Fremont

Wm A Jones M. D.

~~Medical Attendant~~. Coroner

Address, 326 Hollins St City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79306 *Office of Registrar of Vital Statistics.* 1060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 2. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sidney Emmicut

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Sidney

Age, 84 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, About 50 years

Place of Death, {Give street and number.} 185 Salisbury St

Cause of Death, First, (Primary.) ?

Second, (Immediate.) Old age

Duration of Last Sickness, Complaining for 5 years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Monday November 3d

James Annulay M.D.,
Medical Attendant.

Undertaker, J. J. Andrews.

Place of Business, No 4 & 6 Druid Hill Ave. *Address,* 14 N Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 19307

Office of Registrar of Vital Statistics. $1.00

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 2 1884 BALTIMORE.

Date of Death, Nov 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Gales

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 Hagers Court

Cause of Death, First, (Primary.) Spina disease

Second, (Immediate.) & Paralysis

Duration of Last Sickness, & Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 2nd 1884

Undertaker, W W Maddux

Place of Business, 46 East St

D. Leach, M.D.,
Medical Attendant.

Address, 12 St Paul Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7938 *Office of Registrar of Vital Statistics.* Ward 11 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Theresa Crayton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — *Years,* 5 *Months,* 1 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Infancy

Place of Death, { Give street and Number. } 292 N Gilmor

Cause of Death. First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, Infancy

the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov. 3 '84

Chas A Simons M. D.
Medical Attendant.

Undertaker Chas. W. Screven

Place of Business, 27 N. Eutaw *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79309 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 3 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edwin Joseph McGinty

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~Years,~~ *Months,* *Days,* 6

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 120 Eastern Ave

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 3rd 1884

Silas R Hunter M. D.
Medical Attendant.

Undertaker Geo. Schilling

Place of Business, Gr Monument & Granite Co. *Address,* 3 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79310 ; *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A Rauenbeyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Musician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and Number.} 64 Sommerset St

Cause of Death, First (Primary), Erysipelas

Second (Immediate), Brain trouble

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bacon Cemetery

Date of Burial, Nov 4 1884

Undertaker Henry Hoch

Place of Business, 30 S W Pratt

L A Lawson M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19311 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give Street and Number.} No 117 E. Pratt

Cause of Death, First (Primary), ...

Second (Immediate), Diarrhoea

Duration of Last Sickness, 2nd Week

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross C

Date of Burial, Nov 13th

Undertaker, W. Leppert

Place of Business, ...

D. Smith M. D.
Medical Attendant.

Address, 117 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and ... List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79314 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Beacham

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give Street and Number.} 58 Lee Street

Cause of Death, First (Primary),

Second (Immediate), Epithelioma of the Uterus

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Ezekiel

Date of Burial, Nov 5th 84

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 469 Hanover st

Howard Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 79313

Office of Registrar of Vital Statistics. 10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 3 19..

CERTIFICATE OF DEATH.

Date of Death, Nov 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert E. Armstrong

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 128 Lexington St.

Cause of Death, First, (Primary.) Tubercular Meningitis,

Second, (Immediate.) "

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Nov 4th 19..

W. P. Morgan M.D.,
Medical Attendant.

Undertaker, Samuel D. Munroe

Place of Business, 1119 Monument

Address, 1119 Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79314 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John & Annie Wolf Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~ *Months,* Five Hours ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Gough # 38

Cause of Death, First (Primary), Croup

Second (Immediate),

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetri

Date of Burial, Nov 3 rd 1884

Undertaker, John Herring

Place of Business, 382 Orleans St

John A. Schultz M. D.
Medical Attendant.

Address, N E Cor Gough & Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19315 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha E. Schaade

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 81 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} 106 Chew St

Cause of Death, First (Primary), Senility

Second (Immediate), - - - -

Duration of Last Sickness, - - - -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetri

Date of Burial, Nov 4 th 1884

Undertaker, John Hennig

Place of Business, 382 Orleans *Address,* E. of Eager Fredrick

W. W. Slower M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 79316 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Driscoll

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give Street and Number.} 58 N. Front

Cause of Death, First (Primary), Heart Disease — Mitral Regurg, Aortic Stenosis

Second (Immediate), General Anasarca Exhaustion

Duration of Last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brea

Date of Burial, Nov 3d 1884

Undertaker, Wm P Byrne

Place of Business, Fairfield *Address,* 411 N Calvert

Geo B Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore, 84

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 3 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 10 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gray

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 Years, Months, Days.

Color, Col'd

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 Jasper St.

Cause of Death, First (Primary,) Pneumonitis

Second (Immediate,)

Duration of Last Sickness, abt 1 wk

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 3 1884

Undertaker, H Pratt

Place of Business, 95 Conway st

Wm. J. Lockwood M.D.
Medical Attendant.

Address Park Avenue and Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...le Special Attention of ...

Board of Health, City of Baltimore,

(11

Permit No. 99318

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 3 1884
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cassandra Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty nine *Years,* ..... *Months,* ..... *Days.*

Color, Colored *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Md.

Duration of Residence in the City of Baltimore, Since Childhood

Place of Death, {Give street and number.} 144 Tyson St.

Cause of Death, First (Primary,) Gastro Enteritis (Diarrhoeal)

Second (Immediate,) .....

Duration of Last Sickness, Ten days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 3. 1884

Undertaker, Abt Abernethy

Place of Business, ...

W. H. Thompson, M. D.
Medical Attendant.

Address 416 Richard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19319 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Keeling

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 39 *Years,* *Months.* 12 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, ~~Moulder~~ Sewing Machine agent.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Portsmouth Va

Duration of Residence in the City of Baltimore, 12. Yrs

Place of Death, {Give Street and Number.} 211 S. Sharp St.

Cause of Death, First (Primary), Tuberculosis of lungs

Second (Immediate), Asphyxia

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Nov. 3/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 170 S. Sharp St

Wm Goodlet M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 19320 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Jno Maclin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* 8 *Months,* 18 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation ~~Employed~~ Employed in the State Tobacco Warehouse

Birthplace, {State of country and how long in the United States, if of foreign birth.} Howard Co Maryland

Duration of Residence in the City of Baltimore, about 12 years

Place of Death, {Give street and Number.} 225 N. Mount St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Same.

Duration of Last Sickness, about 9 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 4

Undertaker Joseph B Cook

Place of Business, 707 W Baltimore St

B. F. Herman M. D.
Medical Attendant.

Address, 175 W. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 7932 / *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence B. Gantt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 347 N Bond St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 4th 1884

Wm. B. Billingslea M. D.
Medical Attendant.

Undertaker Wm H Hickman

Place of Business, 234 N Gay St *Address,* 228 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

Health Department, City of Baltimore.

Permit No. 79324 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 2 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet E. Fuller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltr

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 810 Stonestreets Court

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov. 3rd 1884

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 19323

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa R. Spicker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 3 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 45 Woodworth St.

Cause of Death, First (Primary), Dentition

Second (Immediate), Prostration

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 4th 1884

Undertaker, Diederick Wiegand

Place of Business, 166 Druid Hill Ave

C. S. Buddenbaum M. D.
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 79324 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Milly Chase (Chase)

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 79 *Years,* *Months,* *Days*

Color C W

~~Married, Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation Domestick

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Dorchester Co, Md

Duration of Residence in the City of Baltimore, Transient

Place of Death, { Give street and Number. } 36 Druid Hill Av.

Cause of Death. First (Primary) [illegible]

Second (Immediate). General break down, Debility.

Duration of Last Sickness, 4 5 days

All the above information should be furnished by the Physician.

Place of Burial Dorchester Co. md, Cambridge

Date of Burial, Nov 3d 1884

Undertaker Wm Sidney Gray

Place of Business, 65 Pine Henry

R. Winslow M. D.
Medical Attendant.

Address, 201 N. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit 3456

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 79325 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Stallings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 11 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 184 Scott St

Cause of Death, First (Primary),

Second (Immediate), Tubercular Meningitis

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 4th

Undertaker, Wm J. Fielbrun

Place of Business, 65 S. Eutaw St *Address,* 165 S Eutaw St

Jno D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY FIL

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 79326 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline M. Schwanke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* — *Days* 7

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 49 Cooksey st. Locust Point

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Lane

Date of Burial, Nov. 3 1884

Undertaker, H. Saunderson

Place of Business, 252 Canton Ave

O. D. Buddenbohm M. D.
Medical Attendant.

Address, 1663 Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully [illegible] List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79327 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Wheatwish

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and Number.} 150 Chesapeake st

Cause of Death, First, (Primary,) Cholera. Natus. (Supposed)

Second, (Immediate,) .....

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, November 3. 84

Undertaker, Evach & Co.

Place of Business, 319 N. Durham Address, 80 Canton st

C. W. Bamberger M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

See following Certificate

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77327 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 2d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Vatus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give Street and Number.} 150 Lehmbpike st

Cause of Death, First (Primary), Acute Pericarditis

Second (Immediate), —

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Nov 3d 1884

Undertaker, Leach & Co

Place of Business, 319 N Durham

L. V. Hoffman M. D.
Post Mortem
Medical Attendant.

Address, 346 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 79328 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Flora Hölle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 1 *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 5 Myers Court (E. Dallas St.)

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, West Holly Lane

Date of Burial. Nov 3 St

Undertaker, W. Leippel

Place of Business,

A. W. Goswiler M. D.,
Medical Attendant.

Address, 96 S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 79329 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

NOV 3 1884

Date of Death, Nov. 2d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Concannon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and Number.} 108 Ramsey St.

Cause of Death, First (Primary),

Second (Immediate). Paralysis

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial St. Peters

Date of Burial, Nov. 4th 84

Undertaker Matthew Cadogan

Place of Business, 227 Eutaw

H. N. Hebner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79330 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 5 1884

CERTIFICATE OF DEATH.

Date of Death, Nov. 2 / 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ellen Hartigans

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ 17 *Months,* ~~*Days*~~

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, During Life.

Place of Death, {Give Street and Number.} Etting St. E. side 2nd door above Lanvale St.

Cause of Death, First (Primary), Pseudo membranous Laryngitis.

Second (Immediate), Asphyxia Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Nov 5th 1884

Undertaker, Matthew Canlafan

Place of Business, 227 Madison St / *Address,*

H. Richter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 79331 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas. W. Lenyne

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 51 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 49 yrs

Place of Death, { Give street and Number. } City Hospital

Cause of Death, First, (Primary,) Traumatism

Second, (Immediate,) Pyaemia & Exhaustion

Duration of Last Sickness, 42 days

All the above Information should be furnished by the Physician.

Place of Burial Stemmers Run Balto Co

Date of Burial Nov 4th 1884

Undertaker, STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

Place of Business,

R. D. Dulles M. D., Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Be... and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 79332 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Annie C. Amos

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 37 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore Lifetime

Place of Death, { Give street and Number. } 167 Jefferson

Cause of Death. First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cl

Date of Burial, November 4 1882 Jas. Brooke Bay M. D.

Undertaker Henry Hook Medical Attendant.

Place of Business, 309 N Eutaw St Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

Health Department, City of Baltimore.

Permit No. 79333 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Winfree Fields

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 60 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Labour

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 6 Hawk St

Cause of Death,
First (Primary), Bronchitis,
Second (Immediate), Asthma

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 4th

Undertaker, Geo Schilling

Place of Business,

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 111 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this C...

Board of Health, City of Baltimore, 1

Permit No. 19334

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marella Ann Caldwell

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 631 Light St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 16 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Nov 4 1884

Undertaker, Joseph F Byrne

Place of Business, 120 S Gay n Fayette St

Geo. L. Brewer M. D.
Medical Attendant.

Address, 136 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 19[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79325 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Kippenbaugh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 22 *Years,* 2 *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Tie-maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} #1115 E. Chase St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemt

Date of Burial Nov 4 to 1884

Undertaker Wm H Hickman

Place of Business, 1234 W Balto St

Geo. A. Hartman M. D.
Medical Attendant.

Address, # 305 E Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of th

Health Department, City of Baltimore.

Permit No. 19336 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately* filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Riley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* 1 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 208 Virginia St

Cause of Death, First (Primary), Cirhosis Liver, Bronchitis,

Second (Immediate), Ascites, Diarrhea Exhaustion

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 4 1884

Undertaker, Wm H. Hutchinson

Place of Business, Pressy Sq

Geo. A. Leopold M. D.
Medical Attendant.

Address, 171 W. Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 7337 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 3rd, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Wise

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* 4 *Months,* 6 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 281 McDonough St.

Cause of Death, First (Primary), Pneumonitis

Second (Immediate),

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Nov 5th

Undertaker, Geo Schilling

Place of Business,

W. W. White, M. D.
Medical Attendant.

Address, 269 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of ... mits for Burials, to ... ly invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 19338 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ward

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, 73 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Carpenter Mechanic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} London England

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give Street and Number.} 614 W. Lombard St

Cause of Death, First (Primary), ~~6~~ Strangulated Hernia Peritonitis

Second (Immediate), Prostration

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery Balto Co

Date of Burial, Nov 5th 84

Undertaker, Jos B. Cook

Place of Business, 707 E. Balto St. *Address,* Fayette & Calhoun St

C. C. Linthicum M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 7939 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1 1884

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Keith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 46 *Years,* ~~Months~~. ~~Days~~

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Stone Mason

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give Street and Number.} No 42 Jackson ~~Place~~ St

Cause of Death, First (Primary), Cancer of the Liver

Second (Immediate),

Duration of Last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Wednesday Nov 5

Undertaker, Henry McGinnis

Place of Business, 8 N Central Ave *Address,* 22 Jackson Place

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79340 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine McDonald

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. County Md,

Duration of Residence in the City of Baltimore, 13 Years.

Place of Death, {Give Street and Number.} 388 E. Chase St.

Cause of Death, First (Primary), Dysentary

Second (Immediate), Exhaustion

Duration of Last Sickness, About 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Govanstown

Date of Burial, Nov 29th

Undertaker, H. C. Winfield

Place of Business, 90 Greenmount Av *Address,* 342 N. Broadway

John M. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7934

Office of Registrar of Vital Statistics.

Ward 8 N

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Parker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— Years, ——— Months. 14 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 225 Caldwell

Cause of Death, First (Primary), Asthenia

Second (Immediate), "

Duration of Last Sickness, from Birth

Place of Burial, Western Cemetery

Date of Burial, Nov 4th 1884

Undertaker, C. H. Devries

Place of Business, Eutaw St

All the above information should be furnished by the Physician.

Geo. A. Adams M.D.

~~Medical Attendant~~

Address, Lovett & Hoen Pl

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M. M. Keyser
Sanitary Inspector

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19342 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 3d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred Foxcitt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 1 Months, 7 Days

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 30½ Courtland St

Cause of Death, First (Primary),

Second (Immediate), Stomatitis

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemty

Date of Burial, Nov 4/84

Undertaker, W. H. Dungee

Place of Business,

James A. Clem M. D.

~~Medical Attendant.~~ Coroner

Address, Town of Hamilton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M. Hewes
Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 79348 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 2 Nov 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Elizabeth Baker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* — *Months.* — *Days*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St. Mary's Co.

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 316 E Balto St.

Cause of Death, First (Primary), Cancer (Liver & Small Intestine)

Second (Immediate), Exhaustion from Diarrhea

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, M E Cemetery Third Road

Date of Burial, November 6th 1884

Undertaker, Denny & Mitchell

Place of Business, 68 S Broadway *Address,* 314 E Balto St

P. T. Conard *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 19

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 79344 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis B Johnson

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, C

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 320 Hoffman St

Cause of Death. First (Primary), Epilepsy

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 4th 1884

R. Winslow M. D.
Medical Attendant.

Undertaker W. N. Bishop

Place of Business, 97 Druid Hill *Address,* 201 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 795

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79485 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lucretia C. Roberts.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 36 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Home life

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 263 Mulberry St.

Cause of Death, First (Primary), Hemorrhage - Uterine

Second (Immediate) Exhaustion

Duration of Last Sickness, 36 hours,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 5 or 1884

Undertaker Matthew Cadogan

Place of Business 227 Mulberry St.

S. A. Miller M. D.
Medical Attendant.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7934 6 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wynettan W. Sinkey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 404 E Lombard St

Cause of Death, First (Primary), Diphtheria Diphtheria

Second (Immediate),

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 5 84

Undertaker, Ely & Ely

Place of Business, 81 W Broadway Address, 5 W Cath & 14 Park

Colin F. Lemmon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7937 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Broadway corner of Barnes Street

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Broadway corner of Barnes

Cause of Death, First (Primary), Malarial fever

Second (Immediate), Congestion of the brain

Duration of Last Sickness, Last a week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Nov 5 84

Undertaker, Fry & Lee

Place of Business, 91 W Broadway

Milton A Taylor M. D.
Medical Attendant.

Address, 122 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79348 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30. November

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Krummeck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hessen Darmstadt Germany 4

Duration of Residence in the City of Baltimore, 31 years.

Place of Death, {Give Street and Number.} S. Caroline Street 171

Cause of Death, First (Primary), Asthma

Second (Immediate),

Duration of Last Sickness, 9 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 5 th

Undertaker, W. Leppert

Place of Business,

William Hensel M. D.
Medical Attendant.

Address, S. Wolfe St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79349 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah R. Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty-six *Years,* six *Months,* Twenty Three *Days*

Color, Brown

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Waiting

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give Street and Number.} No. 11 Penn alley

Cause of Death, First (Primary), Catarrh

Second (Immediate), Consumption

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 6 1884

Undertaker, Abf Hunsly

Place of Business,

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 79

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79350 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 3 1884

Full Name of Deceased, { Write legibly and spell correctly If an Infant not named, give names of parents. } Maggie Loos

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 9 *Months.* 23 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 34 Bank

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 1 Months

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Bonn

Date of Burial, Nov 6 1884

Undertaker Michael Funk

Place of Business, No 53 Bank St

J Hollenberg, M. D.
Medical Attendant

Address, 344 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks ... Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 79357 *Office of Registrar of Vital Statistics.* Ward 14/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 15th November 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary L Hudson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 15 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Since Infancy

Place of Death, { Give street and Number. } No 499 East Fayette St

Cause of Death, { First, (Primary,) Typhoid Fever / Second, (Immediate) Brain Disease }

Duration of Last Sickness, Thirty days

All the above information should be furnished by the Physician.

Place of Burial, Scottsburg Va

Date of Burial, Nov 5th 1884

Undertaker, D Emmy & Mitchell

Place of Business, 530 W Fayette St

Chas T Jones M. D., Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. — Colored [OVER]

No. 19

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79352 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 2 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Anthony

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 9 *Months,* *Days*

Color, Colored

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laundry

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 35 years

Place of Death, {Give Street and Number.} 80 S Bethel

Cause of Death, First (Primary), Typho Malaria fever

Second (Immediate), Hypostatic Pneumonia

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 5 1884

Undertaker, Thos J Locke

Place of Business, 73 Jefferson st

F L Moyer M. D.
Medical Attendant.

Address, 1 S Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 19

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79353 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 4th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis E Silghman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 10 Edeu St Court

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Pulmonary Hemorrhage

Duration of Last Sickness, Twelve Months

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, November 5th 84

Undertaker, Thos. G. Locke

Place of Business, 253 Jefferson st

Ed Hall Purdy M. D.
Attending Physician
Coroner

Address, 608 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 795

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79357 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2d 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Bailey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 6 *Months,* *Days,*

Color? ✓

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation School Teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death. {Give street and Number.} Hoffman & Exeter Sts

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 5th/84

Undertaker The. D. Locks

Place of Business, 73 Jefferson St *Address,* [illegible]

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Card.

Health Department, City of Baltimore.

Permit No. 79355 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do; under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Julia Kelly

Sex, Male or Female, {Cross out the word not required in this line.} ~~73 years~~ female

Age, 73 *Years,* ——— *Months,* ——— *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} Cor Arlington Ave & Lombard

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cem

Date of Burial, 6th Inst

Undertaker, Jas B Cook

Place of Business, 707 W Balto

Edwd L Shickhaus D.

Medical Attendant.

Address, 283 N Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79356 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A Parker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 30 yrs.

Place of Death, {Give Street and Number.} 4 Trumpet St.

Cause of Death, First (Primary), Pul Tuberculosis

Second (Immediate),

Duration of Last Sickness, about one Year

All the above information should be furnished by the Physician.

Place of Burial, Mount Ver Cemetery

Date of Burial, Dec. 5th 1884

Undertaker, Saml M Shue

Place of Business, 98 S Howard St

F. Gillmyer M. D.
Medical Attendant.

Address, 15 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79357 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 2d 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gilliard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* — *Months,* *Days,*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} No 16 Jefferson St

Cause of Death, First (Primary). Valvular Disease of Heart

Second (Immediate). Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 5th 1884

Undertaker Saml W. Chase

Place of Business, 199 S. Howard St *Address,* 156 E. Fayette St

Whitfield Wright M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79358 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Walter Geintzyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 8 *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 48 Green Mount Avenue

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate),

Duration of Last Sickness, Abt one Month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 4 th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 79359 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Gourley Dare

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 8 Seldon St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pratt Cemy

Date of Burial, Nov 5th 1884

Undertaker, F. A. Kershner

Place of Business,

W. S. Booze M. D.
Medical Attendant.

Address, 210 Shapsh

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 79360 *Office of Registrar of Vital Statistics.* Ward 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rahnis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 11 *Months,* 22 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Barber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} # 75 Thames St

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate),

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Nov 5th 1884

John H. Rehberger M. D.
Medical Attendant.

Undertaker, Ge Sander & Son

Place of Business, 282 Cahlm St *Address,* 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 79

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79361 *Office of Registrar of Vital Statistics.* Ward 71

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 3d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Ries

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 224 E. Chase St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Novemb 5, 1884

Undertaker Henry Hoch

Place of Business, 309 Central Ave. *Address,* 208 N. Broadway

J. B. Schwatka M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 79362 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 4 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Roesinger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1 E. Eagle, Spring & Baltimore

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Six Months

All the above Information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Nov 6 1884

Undertaker, D Rosenau

Place of Business, 125 Orleans St

James E Donaldson M. D.
Medical Attendant.

Address, 29 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 79363

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 79363 *Office of Registrar of Vital Statistics.* **Ward** 18 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Wilhelm

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 4 *Years,* 9 — 2 *Months,* 3 4 *Days.*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 481 Mc Henry

Cause of Death, First (Primary), Membranous Croup

Second (Immediate),

Duration of Last Sickness, 4 or 5 ~~Ds~~ —

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Nov. 6th 1884

Undertaker J. B. Cook

Place of Business, 707 W. Balto. St *Address,* 642 W. Fayette St

C. C. McDowell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit for Burial to the Office of ... No. 14364

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 14364 — *Office of Registrar of Vital Statistics.* — Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Oct~~ 3rd 1884 Nov

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Beard (Baird

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~Mo~~ " 28 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give Street and Number.} Columbian Iron Works & Dry Dock. Locust Point

Cause of Death, First (Primary), ... Second (Immediate), Injuries Received by Accident

Duration of Last Sickness, ~

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Nov. 25/84

Undertaker, M. A. Kaiser

Place of Business, 748 Bdwy

Geo. A. Bell M. D.

~~Medical Attendant~~ Coroner

Address, 161 So. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permits for Burial to be issued Saturday

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

8

Permit No. 19365 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Milford D. Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Watch Case Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, — —

Place of Death, {Give street and Number.} 572 S Broadway

Cause of Death. First (Primary), Acute Phthysis & Malaria

Second (Immediate), Acute Phthysis

Duration of Last Sickness, 12 weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 5th 1884

Undertaker Henry W. Mears

Place of Business, #45 N Gay St

Wm. B. Billingslea M. D.
Medical Attendant.

Address, 228 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79366 *Office of Registrar of Vital Statistics.* Ward 19"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 3 November 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria James

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 93 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cecil County Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 6 Calhoun St,

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Age

Duration of Last Sickness, Three weeks,

All the above information should be furnished by the Physician.

Place of Burial Green Mount Cem

Date of Burial, Nov 15" 1884 Thos S Jones M. D.,

Medical Attendant.

Undertaker, Henry and Mitchell

Place of Business, 530 W Fayette Address, W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

the Office whence issued. No. 7936

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79367 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt. B. Goatheney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Student

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give street and Number.} 269 W Lombard

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever

Duration of Last Sickness, Eighteen days

All the above information should be furnished by the Physician.

Place of Burial, King Wm Co. Va

Date of Burial, Nov. 4 [illegible]

Undertaker J. Lewis Schaefer

Place of Business, Fremont nr. Saratoga *Address,* 28 Cathedral St

F. T. Miles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 19360

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79368 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Cramer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 5 *Months,* 2 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 40 Pine —

Cause of Death, First (Primary), Diarrhoeal Enteritis

Second (Immediate), Exhaustion —

Duration of Last Sickness, Don't Know

All the above information should be furnished by the Physician.

Place of Burial, Manchester Cem. Md

Date of Burial, Nov 5th 1864

Undertaker, Wm J Andrew

Place of Business, No 416 Druid Hill Ave *Address,* 56 N Gravel —

H. H. Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 79369

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79369 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 4 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Bernard Butler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 254 Howard St. S.

Cause of Death, First (Primary),

Second (Immediate), Gastro Enteritis

Duration of Last Sickness, One day

the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial, Nov 6 1894

Undertaker W H Chase

Place of Business, 1[illegible] Howard St *Address,* 262 Chase St.

R. M. Hall *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79370 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw J. Foard

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 20 *Years,* *Months.* *Days*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 168 N. Wash. St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asphyxia

Duration of Last Sickness, Three mos.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Nov 6th 84

Undertaker, H. McGinley

Place of Business, ———

G. G. Luck M. D.
Medical Attendant.

Address, 392 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Phys... is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79371 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert J. Pittman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* 7 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 65 Raguet St.

Cause of Death, First (Primary), Teething

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 6th 1884

H. W. Hebner M. D.
Medical Attendant.

Undertaker Geo Leimbach

Place of Business, 389 W. Pratt St *Address,* 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 79372

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79372 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Rayner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 251 E Dallas St

Cause of Death,
First (Primary), Membranous Croup
Second (Immediate),

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Nov 6th 1884

Undertaker Dennis & Hutchel

Place of Business, 68 S Broadway

J W Carter M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79373 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 64

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Watson

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months.* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Coachman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} Barnum - N. Booth st

Cause of Death, First (Primary), Died from effects of a fall

Second (Immediate), from a Statue window about-

Duration of Last Sickness, eight hours after accident

All the above information should be furnished by the Physician.

Place of Burial, Howard county

Date of Burial, Nov 5th 1864

Undertaker, Jos B Cook

Place of Business, 107 W Baltimore

Wm A Jones M.D.

~~Medical Attendant~~ Coroner

Address, 326 Aisquith st city

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 13714

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79374 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, November 5 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Webb

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 10 *Months,* ..... *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 263 E Eager St

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 7 1884

Undertaker, John W Jackson

Place of Business, Gay & Carolina Address, 714 Broadway

..... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7975

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79375 *Office of Registrar of Vital Statistics.* Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Asia Martin

NOV 6 1884

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 7 weeks Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} # 203 N. Durham St

Cause of Death, First (Primary), Eclampsia

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 6th 1884

Undertaker, Wm. P. Locke

Place of Business, 73 Jefferson St

Geo H Taylor M. D.
Medical Attendant.

Address, 234 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 19376

Health Department, City of Baltimore.

Permit No. 19376

Office of Registrar of Vital Statistics.

Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

NOV 6 188[illegible]

Date of Death, Nov 3 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jane Craig

~~Son, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 4 Coard St

Cause of Death, First (Primary), Rubeola

Second (Immediate), Pleuritis & Capillary Bronchitis

Duration of Last Sickness, is Said to be 3 or 4 mos - Org saw case during last week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 6th 1887

Undertaker, Wm N. Driver

Place of Business, 41 62 East St.

H. M. Wilson M. D.
Medical Attendant.

Address, Balto Ten. Drug Co.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Permits for Burials to be given when

No. 19377

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19377 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

NOV 6 188-

Date of Death, Nov 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B. Stanley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months.* *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 146 N. Spring Ave

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 6th 1884

Undertaker, Wm. M. Duncan

Place of Business, 662 East Pratt

[illegible] M. D.
Medical Attendant.

Address, 137 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 79378

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79378 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT BALTIMORE NOV 6 1884

Date of Death, Nov 5 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jane Scribner

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, unknown 60 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single~~, *Widow* ~~or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Anne Arundel Co

Duration of Residence in the City of Baltimore, about 8 Years

Place of Death, { Give street and Number. } No 2 Stockton Alley

Cause of Death, First (Primary), Senility

Second (Immediate), Exhaustion

Duration of Last Sickness, I saw her but once

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 6th 1884

Undertaker Wm. A. Dwyer

Place of Business, No 42 East St

Wm R Quinan M. D.
Medical Attendant.

Address, 182 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 19379 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 6 1884

CERTIFICATE OF DEATH.

Date of Death, 5th Nov 1854

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Emery

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Printer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 370 N. Sharp

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. Wm J. Evans M.D.

Date of Burial, Nov 6

Undertaker, Joseph B Cook

Place of Business, 707 W Baltimore

C. H. Myers M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 79380

Health Department, City of Baltimore.

Permit No. 79380

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 6 188

CERTIFICATE OF DEATH.

Date of Death, Nov 4, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Folkenhoyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 32 E. Pratt St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Prostration

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Nov 6 1884

Undertaker, Michael Funk

Place of Business, 95 Bank

D. F. Cuddy, M. D.
Medical Attendant.

Address, 32 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 79381

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79381 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE MD. NOV 6 1884

CERTIFICATE OF DEATH

Date of Death, Nov 4/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mari Boswell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 10 *Months,* 19 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 243 Columbia Ave

Cause of Death, First (Primary), Chronic Enteritis

Second (Immediate), " "

Duration of Last Sickness, 5 months

the above information should be furnished by the Physician.

Place of Burial St Patricks Cem

Date of Burial, Nov 6th " 1884

Thos O'Sullivan M. D.
Medical Attendant.

Undertaker C. F. Krauss & Son

Place of Business, 209 Hanover *Address,* 179 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

No. 79382

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79382 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 6 1884

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. Shaab

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 6 *Months.* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, #

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 241 W. Fayette St.,

Cause of Death, First (Primary), Enteritis

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Nov 6 1884

Undertaker, Rosenberger

Place of Business, 20 Fayette St.

W. H. B. Silliman, M. D.
Medical Attendant.

Address, 46 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 19383

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 19383 *Office of Registrar of Vital Statistics.* Ward 8 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 6 1884

Date of Death, Nov. 5th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 4 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 3 East Preston St

Cause of Death, { First (Primary), Premature Birth

Second (Immediate), Life

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 6 1884

Undertaker Henry Inegarin

Place of Business, 128 N. Central Ave *Address,* 36 Greenmount Ave

J M Hunter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79384 *Office of Registrar of Vital Statistics.* Ward 19 G

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, BALTIMORE, NOV 6 1884

Date of Death, Nov. 5 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Martin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} # 60 Wheat row alley

Cause of Death, First (Primary), Suddenly of congestion of the lungs

Second (Immediate), Asphyxia

Duration of Last Sickness, about 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 7th 1884

Undertaker, C. A. Bishop

Place of Business, Druid Hill Ave *Address,* 32 E Hallimel City

W. H. Jarvis M. D.

~~Medical Attendant~~. coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19385 *Office of Registrar of Vital Statistics.* Ward 41

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hon Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 5-5 *Years,* ..... *Months.* ..... *Days*

Color, White

\+ ~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

\+ *Occupation,* Housekeeper

\+ *Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Georgetown D C.

\+ *Duration of Residence in the City of Baltimore,* about 30 Years

Place of Death, {Give Street and Number.} S. W. Cor of High & Plymouth

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 or 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 6 1884

Undertaker, Jas McGinn

Place of Business, 163 Eloan'a *Address,* 171 N. Calvert st

G. L. Ramsey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7938[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7938[illegible] *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Mates

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maine U.S.

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give Street and Number.} 613 Hanover St.

Cause of Death, First (Primary), Malarial Fever

Second (Immediate),

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Q. A. Cook M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7938 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary R Atkinson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* —— *Months.* —— *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

× *Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

× *Duration of Residence in the City of Baltimore.* Lifetime

Place of Death, {Give Street and Number.} 69 N. Arlington Ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, Nov 6

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St

G Lauriston M. D.
Medical Attendant.

Address, 384 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79388 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

NOV 7 18[illegible]

Date of Death, November 6 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret Grally

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} #23 N. Wolfe St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bals Cem

Date of Burial, Nov 7th 1884

Undertaker, H. Hoechstetter

Place of Business, Central Ave

G. F. Taylor M. D.
Medical Attendant.

Address, 284 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79389 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Londenslager

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} male

Age, 19 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 16 Burrough St.

Cause of Death, First (Primary), Accident (Discharge of Gun) wound

Second (Immediate), Haemorrhage

Duration of Last Sickness, 3 hrs.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Robert S. Lowe M. D.
Medical Attendant.

Address, 933 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over]

Keeper { } No. 79390

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79390 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Long.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Nov 7/84.

Undertaker, Mark McVeagh.

Place of Business, Division & Fremont

R. Mc. Goldsmith M. D.
Medical Attendant.

Address, Hanover, Carroll

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Th: Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79391 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret May

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and Number.} 97 Orleans St

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,) Phthisis

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St Mathews

Date of Burial, Nov 7th 1884

Undertaker, Adam Fink

Place of Business, 1161 N. Gay St

Gr H Schneider M. D., Medical Attendant.

Address, 548 Bolton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 77392

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 77392 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad & Barbara Willmer (Parents)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 1 Hour ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 285 N Central ave

Cause of Death, First (Primary), Premature birth

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Nov 7th

Undertaker, Henry Hoeck

Place of Business,

James A Lewis M. D.

~~Medical Attendant.~~

Address, Camp & Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry McMcKewen Sanitary Inspector

[OVER.]

No. 79393

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79393 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 6 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gusta Tallerman

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days,*

Color, W. Light

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, 18 yrs.

Place of Death, {Give street and Number.} Baltimore 530 Druid Hill Ave

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Loyd St. Cemetery

Date of Burial, Nov 7th 1884

Undertaker Wm Eglow

Place of Business, 101 Gough St *Address,* 108 Park Ave

L. Broadbent M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 19394

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19394 *Office of Registrar of Vital Statistics.* Ward 2 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give Street and Number.} 239 S Wolf St.

Cause of Death,
First (Primary), Old age
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Novem 9th 1884

Undertaker, Henry J Mitchell

Place of Business, 655 Broadway *Address,* 299 E Baltimore St

Louis E Dmuth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 79395

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79395 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E. Langstin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* 7 *Months,* 1 *Days*

Color, W

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Merchant — Retired —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 7 S Franklin St

Cause of Death,
First (Primary), Protracted bad health —
Second (Immediate), Sudden death from probable rupture of Aortic Aneurism

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov. 7th 1884

Undertaker, Hall Jenkins & Sons

Place of Business, 54 Saratoga St *Address,*

Richard McSherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

No. 79396

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 1885

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 7 1884

Date of Death, Aug 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Berry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 79 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Dray man

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 158 East St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Asphyxia Exhaustion

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, Nov 7 1884

{*Undertaker,* William Dunger / *Place of Business,* # 61 Eutaw St

James J Bell M. D.
Medical Attendant.

Address 134 h Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permits for Burials to ...

No. 79397

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79397 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. H. Schultz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* —— *Months.* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give Street and Number.} 26 N. Lombard St.

Cause of Death, First (Primary), Dysentery

Second (Immediate), Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Mathai's Cem.

Date of Burial, Nov. 6 1884

Undertaker, Michael Funk

Place of Business, 35 Bank

Jno Gamble M. D.
Medical Attendant.

Address, 170 S. Wharf

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries

No. 79398

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79398 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth L Anderson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Allegheny City Pa

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} 132 W Biddle st

Cause of Death, First (Primary),

Second (Immediate). Died suddenly in Convulsions

Duration of Last Sickness, None

All the above information should be furnished by the Physician.

Place of Burial, Allegheny City Pa.

Date of Burial, November 7th 1884

R. Winslow M. D.
Medical Attendant.

Undertaker Wm. G Weaver

Place of Business, No 202 N. Eutaw st *Address,* 20 W Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3459 Harriet

Keeper of Certificates

No. 79399

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79399; *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Oliver

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 87 *Years,* — *Months,* 27 *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} Widower

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 62 years

Place of Death, {Give street and Number.} 212 Biddle st.

Cause of Death, First (Primary), Apoplexy,

Second (Immediate), Coma.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, November 8th 1884

Undertaker Wm Weaver

Place of Business, No 202 N Eutaw St

Geo L Lemmington M. D.
Medical Attendant.

Address, 134 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries ... to the ... whence issued. Saturday of each ... 79400

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79400 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 7 1884

Date of Death, Nov 5th 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs E. J. Grimes

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 66 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } V

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and Number. } #254 Park Ave

Cause of Death, First, (Primary,) Enteritis (no Diarrhoea) and Epithelioma tous Disease.

Second, (Immediate,) Apnoea or Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet Cemetery

Date of Burial, November 8th 1884

Undertaker, Wm B Weaver

Place of Business, No 202 N. Eutaw St

Robt J. Wilson M. D., Medical Attendant.

Address, 146 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

79401

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79401 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Bell Russell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 2 *Months,* ~~~~ *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 125 Lowe St.

Cause of Death, First (Primary), Cold.

Second (Immediate), Exanition

Duration of Last Sickness, All its Life

All the above information should be furnished by the Physician.

Place of Burial, Shank St Cem

Date of Burial, Nov 8th 1884

Undertaker, H Ross

Place of Business,

Chas A Stewart M. D.

~~Medical Attendant.~~ Comm of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Luding Inspector

Keepers of Cemeteries in City of Baltimore will make returns of all [illegible] 79402

The Special Attention of Physicians is respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79402 ~~Office~~ *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 7

CERTIFICATE OF DEATH.

Date of Death, 6th November 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Hardeman

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, 55 *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 1366 W. Fayette St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate.) [illegible]

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, Nov. 8/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto *Address,* [illegible]

Clift Jones M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore [illegible] No. 79403

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79403 *Office of Registrar of Vital Statistics.* Ward 5 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do — der penalty of law.

The Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 3 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Middleton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* — *Months,* 1 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Hod-Carrier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles Co. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 217 N. Dunham St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 7 84

Undertaker Rev. J. Sekts

Place of Business, 731 Jefferson St.

G. F. Taylor M. D.
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City

No. 19404

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79404 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 7 18

Date of Death, Nov 6/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thos. O'Connor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 6 *Months,* 26 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Iron Moulder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Lexington~~ Philadelphia Pa

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 540 Lexington St.

Cause of Death, First (Primary),

Second (Immediate), Chronic Diarrhoea & Rheumatism

Duration of Last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov. 8/84

Undertaker, Chas. L. Levin

Place of Business, 27 E. Eutaw

H L Slicer M. D.
Medical Attendant.

Address, 387 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore [illegible]

No. 79405

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79405 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Caroline Hawkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and Number.} 291 Park Ave

Cause of Death, First, (Primary,) Malignant Tumor in Pelvis

Second, (Immediate,) = Marasmus Cancer

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Michaels

Date of Burial, Nov 6th

Undertaker, H.C. Wiedefeld

Place of Business, 90 Greenmount Ave

L O Seale M. D.,
Medical Attendant.

Address, 121 W Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Reports of Cases ... City of Baltimore ...

No. 79406

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79406 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Ada H. Machen

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months.~~ 1/4 hour. ~~Days.~~

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 90 Leadenhall St.

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. St. Cem.

Date of Burial, Nov. 7th 1884

Undertaker, Sam'l W. Chase.

Place of Business, S. Howard

Thos. A. Mumm M. D.

~~Medical Attendant~~ Comm. of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dunning Secretary

Keepers of Cemeteries in City of Baltimore will [illegible]

No. 79407

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79407 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 7 1884

Date of Death, Nov 6/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Butt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 6 *Days,*

Color, Mulatto

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} V

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 57 S[illegible] Paul St

Cause of Death, First (Primary),

Second (Immediate), Acute Pneumonia

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 7" /84

Undertaker Geo Rinehart

Place of Business,

Thos J Ward M. D.
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of

No. 79408

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79408 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry F. Delany

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltr. City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 161 Barre St.

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever.

Duration of Last Sickness, 18 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, Nov 8th 1884

Undertaker, C. P. Krauss & Son

Place of Business,

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Shap St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...eepers of Cemeteries in City of Baltimore will ...

...ermit ...

No. 79409

The Special Attention of ...sicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79409 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Kolmeier

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* ... *Months,* ... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, Blacksmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. about 41 Yrs.

Place of Death, {Give Street and Number.} S. E. Cor Sharp & Pratt

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 8th 1884

Undertaker, C. P. Krauseadon

Place of Business, ...

R. J. H. Tull M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 19410

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 19410 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth C. Green

Sex, Male or Female, {Cross out the word not requtred in this line.}

Age, 25 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not requtred in this line.}

Occupation wife of M. Elwood C. Green

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 203 Baltimore St

Cause of Death, First (Primary), Acute Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Londontack City

Date of Burial, Nov 8 1884

Undertaker Stewart & Mora

Place of Business, 3 Parker

Jno K Quinan M. D.
Medical Attendant.

Address 182 Harlem Av
Near Eutaw & W. Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 79411

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79411 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Mc Tibbett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* 9 *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 51 Ridgely Street

Cause of Death, First (Primary), Paraenchymatous Nephritis

Second (Immediate), Dropsy

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 8th 1884

Undertaker, Ernst Gettemy

Place of Business, 161 S. Hays St. Address 161 S. Eutaw St. Baltimore

J. W. Stone M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 79412

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79412 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 6th 84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca M. Hoffmann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 5 *Months,* *Days,*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City. and Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 361 Light Street

Cause of Death, First (Primary),

Second (Immediate) Phthisis Pulmonalis —

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial Balto Cem

Date of Burial, Nov 9th 1884 J. F. Martenet M. D.

Medical Attendant.

Undertaker Armstrong Bro

Place of Business, 263 Light *Address,* Belair Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of

No. 79413

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79413 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Oetter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 1 *Months,* 5 *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Store keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} 185 West st

Cause of Death, First (Primary), Dropsy in gonal

Second (Immediate), Prostration

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 9th 1884 C. L. Buddenbohm M. D.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address,* 46 S. Paca.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Keeper of Cemeteries, City of Balt...

No. 79414

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79414 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucretia Jerdon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} #187 East St.

Cause of Death, First (Primary), Old Age

Second (Immediate), Erysipelas

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 8" 84

Undertaker, Wm Young

Place of Business,

Thos A Clemm M. D.

Medical Attendant

Address, Evergreen

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will m[illegible]

No. 79415

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79415 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 8 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Staas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 4 E Albemarle

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Ct

Date of Burial, November 9th 1884

Undertaker, Charles F Evans

Place of Business, No 24 Hutton St

Geo. Reynolds M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA[illegible]

Permit No. 7947 16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Taylor Grady

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* 11 *Months,* 27 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bookkeeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 169 Baltimore Street

Cause of Death, {First (Primary,) Pulmonary Consumption

{Second (Immediate,) Consumption

Duration of Last Sickness, Since May, 1884

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem W. T. Howard M. D.

Medical Attendant.

Date of Burial, Nov 10th 1884

Undertaker, Steward & Mowen *Address* 181 Mad. Ave

Place of Business, 35 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 79417 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Barbara Bachman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} #77 Bank St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Nov 9th 1884

Undertaker, L. Ritz

Place of Business, No 181 S. Bridway

John H Ehlinger M. D.
Medical Attendant.

Address, 213 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, 17

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Jackson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, About 65 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania.

Duration of Residence in the City of Baltimore, About 15 years

Place of Death, {Give street and number} 30 Courtland St.

Cause of Death, First, (Primary,) Remittent Fever

Second, (Immediate,) Hemorrhage from Bowels

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, Nov 8th 1884

Nathan R. Gorter M. D.
Medical Attendant.

Undertaker, Sam'l M. Shaw

Place of Business, 128 S. Howard St. *Address,* 45 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore.

Permit No. 79419 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6 7 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathilda Carr

Sex, ~~Male~~ *or Female.* {Cross out the word not required in this line.}

Age, 66 *Years,* 10 *Months,* *Days.*

Color, W

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 50 Years

Place of Death, {Give street and Number.} Dolphin & Fergyle and

Cause of Death. First (Primary), General debility

Second (Immediate), Old age

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Friday November 7

Undertaker Johnson

Place of Business, 298 Penna

Attended 3 M. D.
Medical Attendant.

Address 253 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79420 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

A

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca L. McCleary

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 3 *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} No. 107 McElderry St

Cause of Death, First (Primary), Teething with indigestion

Second (Immediate), Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Nov 9 1884

Undertaker, Fry & Rice

Place of Business, 87 & Broadway

Milton A. Taylor M. D.
Medical Attendant.

Address, 138 N. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the place and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7942 / *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Friedler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months.* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give Street and Number.} 19 Pratt St

Cause of Death, First (Primary), Malaria

Second (Immediate), Dysentery

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, Nov. 9th 84

Undertaker, G. Franc

Place of Business, Franks & Wolfe *Address,*

Chas. E. McCann *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79424 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hanrahty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 26 Hanover

Cause of Death, First (Primary), Croup

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, Nov 8th 84

Undertaker, G. Franco

Place of Business, Frank & Wolfe Sts. *Address,* 73 Eutaw St.

E. Dr. Cheney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79423 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Yaeger

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give Street and Number.} # 278 S. Ann St

Cause of Death, First (Primary), Typhoid Malarial Fever

Second (Immediate),

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Nov 8th 84

Undertaker, G. France

Place of Business, Bank & Wolfe Sts. *Address,* # 243 Alice Anna

Joshua Rehburn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79424 *Office of Registrar of Vital Statistics.* Ward 14 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7 / 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William O. L. Bagert

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 1 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Trimer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 36 S. Fulton st

Cause of Death, First (Primary), Suddenly with apoplexy

Second (Immediate),

Duration of Last Sickness, Last Known

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, Nov. 9/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto st. *Address,* 376 Hollins st

Wm A. Adams M.D.

~~Medical Attendant~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

8

Health Department, City of Baltimore.

Permit No. 79425 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 7/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* ——— *Months,* ——— *Days*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, At Kitchen

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give Street and Number.} 47 Druid Hill Ave

Cause of Death, First (Primary), ———

Second (Immediate), Cerebral Hemorrhage

Duration of Last Sickness, One day

All the above information would be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 8 1884

Undertaker, H Ross

Place of Business, 95 Baltimore

Jno H Blake M. D.
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79426 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th November 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary P Conway

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 100 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 234 West St.

Cause of Death, First (Primary), Atrophy

Second (Immediate), Senile exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 8 1884

Undertaker, H Ayes

Place of Business, 95 Lombard

J. D. Iglehart M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 79427 *Office of Registrar of Vital Statistics.* Ward 18 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 7 / 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mary Schalitzky

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and Number.} 911 W. Pratt St

Cause of Death, First, (Primary,) Convulsions Malnutrition

Second, (Immediate,) Visit - not quit - 7 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, November 9 1884

J. C. Hammer M. D.,
Medical Attendant.

Undertaker, John P. Pulus

Place of Business, 46 Fred. Ave. Address, 23 St. Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 79428 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Carney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months.* — *Days*

Color, W

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 1 Lemmon Alley

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Nov 9th 84

Undertaker, M Eddegan

Place of Business,

James Kenny M. D.

~~Medical Attendant~~

Address, Camp & Holliday

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

W. B. Roberts Sanitary Inspector

[over.]

Board of Health, City of Baltimore,

Permit No. 19429 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie L. Morgan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 196 N Fulton Ave

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Nov 9th 1884

Undertaker, H Lurman Sons

Place of Business, 109 W Fremont St *Address,* 88 McCulloh Street

A. C. Fox *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 79430 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas L. Munn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 16 *Years,* ~~Months,~~ ~~Days,~~

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} #139 Hanover St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 139 Hanover St.

Cause of Death. First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, Nov 9th.

Undertaker F. N. Toole

Place of Business, #131 Hanover *Address,* 131 Hanover St

Geo. A. Gerson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

EASTMAN SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 79431 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 8 1884

CERTIFICATE OF DEATH.

Date of Death, November 8 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Stevens

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days,*

Color, white

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland.

Duration of Residence in the City of Baltimore, 8 weeks

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) Cancer of the Uterus

Second, (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 10/84

Undertaker, Chas L. Sevens

Place of Business, 271 N. Eutaw *Address,* 72 Mercer St

C. Fenwick M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 79432 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Fickelbing

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* 7 *Months.* 2 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 314 E. Chase St

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 9th 1884

Undertaker, Henry W. Means

Place of Business, 45 N. Gay St

L. C. Hom *M. D.*
Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore, 9"

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 8 1884

Date of Death, November 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ary Ann Jones

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 55 *Years,* *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, Years

Place of Death, {Give street and number} 122 N. Holliday St.

Cause of Death { First, (Primary,) Heart Disease
Second, (Immediate,) Asthenia & Asphyxia

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Shaft St Cem

Date of Burial, Nov. 9- 1884

Undertaker, W W Madden

Place of Business, 46 East A

Eugene F. Cordell M. D.
Medical Attendant.

Address, 125 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79431 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Rüfer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 79 *Years,* 2 *Months,* 14 *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give Street and Number.} 11 Roy st near Canal

Cause of Death, First (Primary), Old Age

Second (Immediate), Prostration

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 10th

Undertaker, Henry Brill

Place of Business, Henrietta St 81

C. A. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19435 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John O'Brien

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 9 S. Schroder

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, Sudden death —

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov 10th

Undertaker, John F Bowen

Place of Business,

Edw F Mehrland M. D.
Medical Attendant.

Address, 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79436 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Rueoke. Parents Otto, Liggie

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ~~ Years, ~~ Months. 5 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 90 S" Eutaw St.

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, ~~Mount Olivet~~ Cemetery

Date of Burial, Nov 8th

Undertaker, W. J. Tickle

Place of Business,

James A. Steuart M. D.

Medical Attendant.

Comm'r of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Dunding Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 7943 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Debora Johnson

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 104 *Years,* —— *Months,* 27 *Days,*

Color, Negro

Married, ~~Single,~~ *Widow or* ~~Widower,~~ { Cross out the word not required in this line. }

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Annapolis

Duration of Residence in the City of Baltimore, 65 years

Place of Death, { Give street and Number. } No 2 O. alley Balto. City

Cause of Death, First (Primary), Dropsy from Heart disease

Second (Immediate), Unknown

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Hope Cemetery

Date of Burial, Nov. 9th 1884

Undertaker Saml. W. Chase

Place of Business, 198 E. Howard st

F. B. Mielke M. D.
Medical Attendant.

Address, Homeopathic Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 19438 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 8 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lee Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months,* ..... *Days*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Barber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Entire

Place of Death, {Give Street and Number.} 240 Hughes

Cause of Death, First (Primary), ...

Second (Immediate), Inflt Bowels

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem.

Date of Burial, Nov 1884

Undertaker, G W Perkins

Place of Business, ...

Hattison M. D.
Medical Attendant.

Address, 25 Frankfort

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79439 *Office of Vital Statistics.* Ward 15 71

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 3 1884

CERTIFICATE OF DEATH.

Date of Death, 8th November 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Fanny Filghman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15. Years

Place of Death, {Give Street and Number.} 152 York St.

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, One Years. Last confinement 5. weeks

All the above information should be furnished by the Physician.

Place of Burial, Harlem Cemetery

Date of Burial, Nov 9

Undertaker, Samuel N Chase

Place of Business, 198 So Howard

L. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79440 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov ~~Oct~~. 8/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Parents Anne (Joseph & Mary Gent)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 7 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 455 Division st.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 455 Division st.

Cause of Death, First (Primary), Eclampsia (Infantile)

Second (Immediate),

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Shamp st Cemetery

Date of Burial, Nov. 9 1884

Undertaker Abe Hensley

Place of Business, *Address,*

G. W. Smyth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79441 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Rebecca Harman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 79 *Years,* 7 *Months.* — *Days*

Color, white

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria in Europe.

Duration of Residence in the City of Baltimore, 44 Years.

Place of Death, {Give Street and Number.} 16 N. Washington St.

Cause of Death, First (Primary), Ovarian Tumor

Second (Immediate), Gangrene of Leg resulting from Venous Obstruction.

Duration of Last Sickness, Duration of tumor 20 years. Duration of Obstruction - 1 month.

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, Nov 10th 1884

Undertaker W. H. Dickinson

Place of Business, Fayette Near Mt

D. F. Leonard M. D.
Medical Attendant.

Address, 314 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79442 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Albers

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 mos.

Place of Death, {Give Street and Number.} 19 Wall St.

Cause of Death, First (Primary),

Second (Immediate), Gastro Enteritis

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphons C.

Date of Burial, Nov. 10

Undertaker, B. Ward

Place of Business, 82 West St.

F. J. N. Tall, M. D.
Medical Attendant.

Address, 152 Shamp. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 79443 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 8, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Dunwody White.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* 2 *Months,* — *Days*

Color, white.

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Mercersburg, Franklin Co., Penna.

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give Street and Number.} #216 N. Howard Street.

Cause of Death, First (Primary), Old age.

Second (Immediate), Paralysis of the Heart.

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 10/84

Undertaker, Chas. F. Scriven

Place of Business, 27 N. Eutaw

Wm. Shotwell Townsend M. D.
Medical Attendant.

Address, #30 First St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79454 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7, 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernestine Miller

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months.* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Living with father & Mother

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All time

Place of Death, {Give Street and Number.} 33 N. Paca St.

Cause of Death, First (Primary), Stabbed with a knife wound

Second (Immediate), Hemorrhage

Duration of Last Sickness, A few minutes

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 9 1884

Undertaker, S. Rawls

Place of Business, 31 Hanover

W. A. Dunn M. D.

~~Medical Attendant.~~ Physician

Address, 326 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 79445 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John J. Gaudy

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 17 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and Number. } Belvidere St.

Cause of Death, First (Primary), Valvular disease of the heart

Second (Immediate), Obstruction of the bowels

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, Nov. 10th 1884

Undertaker H. C. Medefer

Place of Business, 70 Hanover St. *Address,*

Geo. Yorke Bailey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79446 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8, 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Anderson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 3 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} widow

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Md~~ Talbot county Md.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} 434 W. Pratt st

Cause of Death, First (Primary), Opium habit, effects of

Second (Immediate), found dead in bed

Duration of Last Sickness, Don't Know

opium habit

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 9th 1884

Undertaker, Henry W. Mears

Place of Business, 45 N. Eay St

W. A. Jarvis M. D.

~~Medical Attendant.~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79447

Office of Registrar of Vital Statistics. 13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Novembr 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James [illegible] Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, Col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Non

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, all Time

Place of Death, {Give street and number.} No 29 Rabue Lt

Cause of Death, First, (Primary.) Lig

Second, (Immediate.) Pneumo epilepsy

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 9 1884

{Undertaker, H H Bruce

{Place of Business, 1st Insurance

[illegible] M.D.,
Medical Attendant.

Address, No 36 Louis St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79448 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 7th. November 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juliane Jozwiak

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Posen, Germany

Duration of Residence in the City of Baltimore, 11 years.

Place of Death, {Give Street and Number.} S. Durham Street 297.

Cause of Death, First (Primary), Tuberculosis Pulmonum

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem.

Date of Burial, November 9/84.

Undertaker, Enoch & Co.

Place of Business, 249. N. Durham

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is ...

Health Department, City of Baltimore.

Ward 16

Permit No. 19449 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 9 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Heck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* ... *Months.* ... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Shoe Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 387 N. Pratt St.

Cause of Death, First (Primary), Enteritis

Second (Immediate), Collapse

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Nov 11th 1884

Undertaker, Geo Leimbach

Place of Business, 89 W. Pratt

C. D. Buddenbohn M.D. Medical Attendant.

Address, 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the ... he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fur... twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting fo... e same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceas... and date of death.

Health Department, City of Baltimore.

Permit No. 79450 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 9 1884

Date of Death, 7th of November 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Valentin v. d. Linden

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 67 *Years,* — *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, boarding house keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Gudensberg Prussia

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give Street and Number.} 77 S. Sharp Street

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 9th 1884

Undertaker, Jos. Steinbach

Place of Business, 284 W. Pratt *Address,* 205 W Lombard Street

L. E. Steinhauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79451. *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 9 1884

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Stach

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 50 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation Shoemaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 3 yrs & 6 months

Place of Death, { Give street and Number. } 34 N. Durham St.

Cause of Death, First (Primary). Typhoid Malaria

Second (Immediate). " "

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Holly Grove Cemetery

Date of Burial, Nov 9th 1884 E. P. Jones *M. D.*

Medical Attendant.

Undertaker John Kenney

Place of Business, 384 Orleans St *Address,* 373 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79457 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 8th october 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev Peter A Callahan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, W

~~*Married*~~, *Single*, *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, Priest

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and number.} 57 Tayson

Cause of Death, First, (Primary.) Organic disease heart.

Second, (Immediate.) Dropsy - Convulsion -

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, November 10th 1884

C B Gamble M.D.,
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St *Address,* 99 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 19453 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 9 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Donohue

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation House Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 4 Stockton St

Cause of Death, First (Primary), Cancer Rectum & Bowels

Second (Immediate),

Duration of Last Sickness, 10 months

the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, November 11th 1884

Alex. Tinsley M. D.
Medical Attendant.

Undertaker Mr. Martin Graney

Place of Business 126 & 128 Townsend St, *Address,* 386 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79454 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte Allen

Sex, ~~*Male or*~~ *Female.* { Cross out the word not required in this line. }

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death. { Give street and Number. } 36 Hackin St.

Cause of Death { First (Primary), Marasmus

Second (Immediate). Exhaustion

Duration of Last Sickness 1 Month

All the above information should be furnished by the Physician.

Place of Burial Laurel Cem

Date of Burial, Nov 10 1884

Undertaker Mrs Maddux

Place of Business, 46 East St

J. H. Robuson M. D.
Medical Attendant.

Address, 157 Gilmore Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1744

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79455 *Office of Registrar of Vital Statistics.* **Ward** 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED NOV 10 1884 a

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susie E. Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* — *Months,* — *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bedford Co. Pa.

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and Number.} 11 Stirling St

Cause of Death, First (Primary), Malarial Poison

Second (Immediate), Convulsions

Duration of Last Sickness, 16 days

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 10th 1884

Undertaker Willis Madden

Place of Business, 46 East St

Silas H. Hunter M. D.
Medical Attendant.

Address, 36 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79456 *Office of Registrar of Vital Statistics.* Ward 5-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 9 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Rollman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 - *Years,* 1 *Months,* 19 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bookkeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 69 Fremont St

Cause of Death,
First (Primary), Melancholia, S.C. by Inhalation Pistol Wounds Suicide
Second (Immediate), Pneumonia

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Nov 11/84

Undertaker, C E Rair

Place of Business, 62½ W Balt St *Address,* 1116 E Lanvale St

Harold Cox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79457 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 84 3 to 5 PM

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Reid

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 26 *Years,* ..... *Months,* ..... *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} St Joseph's Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Ft Pub Cemet

Date of Burial, Nov 10th 1884

Undertaker, Geo Rinehart

Place of Business, Forest Place

Walter Wyman M. D. Medical Att. U.S.M.H.S.

Address, U.S. Marine Hosp Service

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79458 *Office of Registrar of Vital Statistics.* Ward 12 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 9/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Lucas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ..... *Months,* 2 M 4 D *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 645 Pennsylvania Ave.

Duration of Residence in the City of Baltimore, 2 years & 4 mos.

Place of Death, {Give street and Number.} 645 Pennsylvania Ave.

Cause of Death, First, (Primary,) Premature birth,

Second, (Immediate,) "

Duration of Last Sickness, last week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, November 10th 84

Undertaker, W. H. Lucas

Place of Business, 645 Penna Ave

H. K. Butterbaugh M. D.,
Medical Attendant.

Address, 205 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79459 *Office of Registrar of Vital Statistics.* Ward 15 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 18

CERTIFICATE OF DEATH.

Date of Death, Nov 10 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred. W. Kroemer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 3 St. James St

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, 4 Months

the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Nov 11 1884

Undertaker Henry Hook

Place of Business, 919 N. Eutaw St *Address,* 2837 N. Eden St

E. B. Fenby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 79460

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 19

Permit No. 79460

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday, November 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Earle Morden
Earle

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 24 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Entire life time (except living 8 months)

Place of Death, {Give street and number} 577 Lexington Street

Cause of Death First, (Primary,) Dysentery.
Second, (Immediate,) Exhaustion

Duration of last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 10 84

Undertaker, D Emmy & Mitchell

Place of Business, 850 W Fayette St

Charles Getz M. D.
Medical Attendant.

Address, 579 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 20"

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Humphrey N. Keeble,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, W. *Sex,* M.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mathews Co. Va.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 401 N. Gilmor st

Cause of Death, First (Primary,) Incompetency of Aortic valves,

Second (Immediate,) Angina Pectoris,

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mathews County Va

Date of Burial, Nov 11th 1884

J. L. Ryle M. D.
Medical Attendant.

Undertaker's Place of Business, Denny and Mitchell 658 W Fayette st

Address 217 Lanvale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 79462

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79462 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Selma Haupt

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death. {Give street and Number.} 19 Bank St

Cause of Death. First (Primary). Catarrhal

Second (Immediate). Phthisis

Duration of Last Sickness, 5 Months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 10 th

Undertaker Wendall Dippel

Place of Business, 151 S Bond St

O. W. Ellis M. D.
Medical Attendant.

Address, 80 E Fort Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79463 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 9, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Koehler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 266 Orleans St

Cause of Death, First (Primary), Cancer of the Stomach

Second (Immediate),

Duration of Last Sickness, About One Year

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Nov 10th 1884

Undertaker, John Horan

Place of Business, 382 Orleans St *Address,* 66 E. Baltimore St

C. H. Thomas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79464 *Office of Registrar of Vital Statistics.* Ward 2½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 51 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Musician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and Number.} 285 Eastern Avenue

Cause of Death, First, (Primary,) Intemperance

Second, (Immediate,) Cancer of Stomach

Duration of Last Sickness, One Year

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov. 10th 1884

Undertaker, H. Sandy & Son

Place of Business, 232 Baltimore st.

J. L. Duffield Jr. M. D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79465 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Engelmann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* 4 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give Street and Number.} 257 E. Chase Street

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Coma

Duration of Last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ch

Date of Burial, Nov 11th 1884

Undertaker, Henry Hoeck

Place of Business, 309 N. Central Ave *Address,* 257 E. Chase Street

E. Ed. Schuck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79466

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Lydia Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* 8 *Months,* — *Days.*

Color, White

~~*Married,*~~ ~~*Single,*~~ ~~*Widow*~~ or ~~*Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give street and number.} 229 Hoffman St

Cause of Death, First, (Primary.) Anaemic Apoplexy

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, W E Ennemuh Cem

Date of Burial, Nov 12th 1884

Undertaker, H W Fenton & Son

Place of Business, Park Ave & Saratoga St

Geo. A. Fleming M.D.,
Medical Attendant.

Address, Franklin & Greene Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79467 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Ano

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} West St & Plumb alley

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Nov. 11th 1884

Undertaker, John S. Meechan

Place of Business, No 150 Saratoga

J. C. Burch M. D.
Medical Attendant.

Address, 15 N Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79468 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Blade

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 7 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} 109 Lancaster St

Cause of Death, First (Primary), Croup (Diphtheritic)

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Nov. 10th 84

Undertaker, G. Trance

Place of Business, Bank & Wolfe Sts *Address,* 243 Alice Anna St.

John H. Kelberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 19467

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79469. *Office of Registrar of Vital Statistics.* Ward 3 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary N. Kuhn

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York City.

Duration of Residence in the City of Baltimore, five years.

Place of Death, {Give street and Number.} S. E. cor. Wolfe & Lombard St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Marasmus.

Duration of Last Sickness, Three Months.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Nov 11th 84

Undertaker G. Thance

Place of Business, Bank & Wolfe St *Address,* 95 Park Ave.

A. F. Eich, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 79470

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79470 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Nov. 10th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 71 Church st

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 8 weeks

the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, Nov. 10

Undertaker H Kerr

Place of Business Calvert st

L. M. Hoare M. D.
Medical Attendant.

Address, 262 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3460 Transcribed [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7947 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary,

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 21 *Days*

Color, White.

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov. 11/84

Undertaker, Frank McVey

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av, Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7947 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Eltermann

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 74 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~. {Cross out the word not required in this line.}

Occupation Retired Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and Number.} 163 E. Baltimore St.

Cause of Death, First (Primary), Cancer of the Stomach (Cardiac orifice)

Second (Immediate).

Duration of Last Sickness, 3 or 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 12th 1884 John Morris M. D.

Medical Attendant.

Undertaker Simmons & Hitchcock

Place of Business 65 S Broadway *Address,* 57 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 19473

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79473

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MD. NOV 10 1884

CERTIFICATE OF DEATH.

Date of Death, Nov. 10 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel H Gregory

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 4 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 55 N. Eden St Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 55 N. Eden St

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov. 11. 84.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 19474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79474

Office of Registrar of Vital Statistics. 8 "

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Barthel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* 21 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 121 N Broadway

Cause of Death, First, (Primary.) Memb. Croupe

Second, (Immediate.)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Nov 12th 1884

Undertaker, Jos B. Cook

Place of Business, 707 N. Balto

W. W. Wright *M.D.,*

Medical Attendant.

Address, 221 N. Gilmor St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79475 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1884

CERTIFICATE OF DEATH.

Date of Death, 9th of Novr 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Weber

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 63 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, President of Germ Banv & Fire Insurance

Birthplace, { State on country, and now long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 46 Yrs

Place of Death, { Give street and Number. } 1035 W Baltimore St

Cause of Death, First, (Primary,) Trouble in Circulation of Blood

Second, (Immediate,) Heart failure

Duration of Last Sickness, five months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial. Nov. 11/84

Undertaker, J B Cook

Place of Business, 707 W Balto

J. H. Helmond M. D.,
Medical Attendant.

Address, 120 Pearl St. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 7947

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7947 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov. 9. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Riley

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 5 *Months.* *Days*

Color, wht

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} N. E. cor Mc Mechin & Division

Cause of Death, First (Primary), consumption of lungs

Second (Immediate),

Duration of Last Sickness, 6 mo

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 11th

Undertaker, J Chalmers & Co

Place of Business, 426 Penna ave *Address,* 219 Madison ave

G Lane Tanyhill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 7947 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Taylor

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 23 *Years,* 5 *Months,* 3 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Upholstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 168 Dolphin

Cause of Death. First (Primary). Phthisis Pulmonalis

Second (Immediate). " "

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 10th

Undertaker G H Blizzard

Place of Business, 201 Penna. ave

J H Johnston M. D.
Medical Attendant.

Address, 506 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79478

HEALTH DEPARTMENT
NOV 11 1884
BALTIMORE MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane McWhinney

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Belfast, Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 70 McCulloh St.

Cause of Death, First (Primary,) Nausea & vomiting

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 days and a half

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 11th 1884

J. Edwin Michael M. D.
Medical Attendant.

Undertaker, John N. McCoy

Place of Business, 22 W. Fayette St *Address* 246 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 19471

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 19479. *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Plitt,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days,*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and Number.} 15 George St.

Cause of Death, First (Primary). Mental worry Anxiety of mind

Second (Immediate). Nervous prostration - Diarrhea Exhaustion

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 12

Undertaker Andrew Rohde

Place of Business, 44 Penna Ave

John Morris M. D.
Medical Attendant.

Address, 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79480 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8/884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Campbell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 3 *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 1 yr 11 mos. 3 days

Place of Death, {Give street and number.} 1st Ave East of Jackson St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, H. Fitts Cemetery

Date of Burial, Nov. 11

Undertaker, B. Hart

Place of Business, 52 West St

L B Pacetti M. D.,
Medical Attendant.

Address, 361 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

of each week. 19481

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19481 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Shea

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 36 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 210 Gross St

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, 4 8 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, Nov 11th

Undertaker, B. Hart

Place of Business, 42 West St.

J. C. Burch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Saturday of ea... No. 79482

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79482 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Owen Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* ~~~ *Months.* ~~~ *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give Street and Number.} 14 Hillen St.

Cause of Death, First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 11th 1884

Undertaker, W. H. Bishop

Place of Business, Druid Hill Ave *Address,* ~~Medical Attendant.~~ Camp 26 & N

James A. Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Dr. E. Fitzpatrick

[OVER.]

No. 79483

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79483 *Office of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Lynch

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days*

Color, ed

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give Street and Number.} 35 St Thomas St

Cause of Death, First (Primary), Epilepsy

Second (Immediate), Epileptiform Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 11 1884

Undertaker, A. J. Hemsley

Place of Business, —

W. B. Browne M. D.
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 79484

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79484 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CHRIS. NOV 11 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Asbury Garrett.

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 75 years

Place of Death, {Give street and Number.} No 176 N Calvert St

Cause of Death, First (Primary), old age

Second (Immediate), Brain congestion

Duration of Last Sickness, Two Weeks

the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov 12th 1884

Undertaker Geary & Mitchell

Place of Business, 530 W Fayette Street, *Address,* No 58 N Liberty St

H Stern M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within rty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the me can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and te of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 79485

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79485 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE NOV 11 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Hall (Mother)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 1 Months. 14 Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 200 Mullikin st

Cause of Death, First (Primary), Mal-nutrition

Second (Immediate), Diarrhoea

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem

Date of Burial, Nov 11th

Undertaker, Geo Reinhart

Place of Business, Forrest Place

James A Steuart M. D.

~~Medical Attendant.~~

Address, Comptr. & St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M M Reuen Inspector

[OVER.]

No. 79486

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79486 *Office of Registrar of Vital Statistics.* Ward 7"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1.00 P.M. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Mulloy

~~*Sex*~~, *Male or ~~Female~~,* {Cross out the word not required in this line.} Male

Age, 43 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} Married

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore. 13 Days

Place of Death, {Give Street and Number.} St Joseph Hospital

Cause of Death, First (Primary), Albuminuria

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 yrs

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, Nov 11" 1884

Undertaker, H. Houck

Place of Business, ——

Oscar J Dorsey M. D.
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 79487

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79487 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 10, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Howard Damers (Mother)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* Seven *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 563 Harford ave

Cause of Death, First (Primary), Premature Birth.

Second (Immediate), General debility & exhaustion.

Duration of Last Sickness, Never well.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 11. 1884

Undertaker Wm H Hackman

Place of Business, 234 N. Gay St

Reg. A. Elwell, M. D.
Medical Attendant.

Address, 563 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 79480

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79488 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Schuhl

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 36 *Years,* 11 *Months.* 20 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 weeks

Place of Death, {Give Street and Number.} 49 Stockton St.

Cause of Death, First (Primary), Infl Rheumatism

Second (Immediate), Pericarditis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov the 12

Undertaker, Ew Sloman

Place of Business, Sharp St

Wm Lamb M. D.
Medical Attendant.

Address, 49 Stockton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 794

The Co[illegible]n of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7948 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov Number 9th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pedie Ivanson

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, Two *Years,* [illegible] *Months,* *Days,*

Color, Black *Occupation* Patient at Disp 5

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Son of Child's Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and Number.} 43 Moores Alley

Cause of Death, First (Primary), Pulmonary Bronchitis

Second (Immediate), " "

Duration of Last Sickness, A retitive Lasting three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 11th 1884

Undertaker H. W. Bishop & Co

Place of Business, 97 Druid Hill

A K Bond M. D.
Medical Attendant.

Address, 316 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 79490

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79490 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura G. Blakeney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* — *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Actress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cincinnati Ohio

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and Number.} 11 East Broadway

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate).

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 11th 1884

Undertaker Henry A Mutchly

Place of Business, 65 S Broadway

Jno Benjamin M. D.
Medical Attendant.

Address, Broadway East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and f death, except in cases of births and deaths of illegitimate children. [over.]

No. 79491

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79491 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant named, give names of parents.} Mary Theresa Campbell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* ~~*Days,*~~

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} N. W. Cor Fulton & Fayette Sts

Cause of Death, First (Primary), Congest. of Liver

Second (Immediate), Biliary toxemia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial New Cathedral Cemetery

Date of Burial, Nov 12th 1884

Undertaker Henry F. Means

Place of Business, #45 N. Gay St

C. C. McDowell M. D.
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 79492

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79492 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Porter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Drayman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 431 E. Lemmand-st

Cause of Death, First (Primary), Congestive Fever

Second (Immediate), Heart Disease

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 13th 84

Undertaker, George Schilling

Place of Business,

Wm L. Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 19473.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10 — "84 —

Full Name of Deceased, { Write correctly } J. C. Noton

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 4 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, S

Occupation, —

Birthplace, { State or country (if long in the United States of foreign birth. } Michigan

Duration of Residence in [illegible], 17 yrs.

Place of Death, { Give street and number. } 81 W. Fayette

Cause of Death, { First (Primary Disease or Immediate Cause), Second (Immediate), } Heart Disease

Duration of Last Sickness, d instantly

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Nov 12th 1884

Alexander Hill, M. D.
Medical Attendant.

Undertaker, Steward & Mower

Place of Business, 35 Park ave

Address Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 7714911

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7714911 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11, 1884

Full Name of Deceased {Write legibly and spell correctly. If an infant unnamed, give names of parents.} Miriam Frankenstein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give Street and Number.} 933 W. Pratt St.

Cause of Death, First (Primary), Typho-malarial fever

Second (Immediate),

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Har-Sinai Temple

Date of Burial, Nov 13th 1884

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

J. G. Frankenstein M. D.
Medical Attendant.

Address, 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Cer
for b...

No. 79495

The Special Attention of Physic... This Permit Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Permit No. 79...

The Physician who att... to the Undertaker or other... requested so to do, under p...

John Murphy & Co., City Printers and Stationers

Health, City of Baltimore,

...f Registrar of Vital Statistics. Ward 5th

last illness, is responsible for the presentation of this Certificate, *accurately filled out*, ...g the burial, within *twenty-four hours* after the death of said deceased, or sooner, if ...

...RIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

To

CE... ICATE OF DEATH.

Date of Death, ...th 1884

Full Name of Dec... (Plainly and spell if an Infant give names) John Laurens

Sex, Male or Fem... (Cross out the word not required in this line.)

Age, ...3... rs, ... Months, ... Days,

Color, Colored

Married, Single, Widow or Widower, (Cross out the word not required in this line.)

Occupation Blacksmith

Birthplace, (State or co... long in the ... if of foreig...) West Indies

Duration of Reside... ... the City of Baltimore, 15 Years

Place of Death, (Give N...) ... Chestnut

Cause of Death, (E... mary ... consumption

(S... mmediate), ...

Duration of Last Sickness, Nearly 2 years

the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, 13th 1884

E. B. Fenby M. D.
Medical Attendant.

Undertaker William N. Deneen

Place of Business, #62 East St. *Address,* 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7949[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7949[illegible] *Office of Registrar of Vital Statistics.* Ward 6[illegible]

The Physician who attended a[illegible] person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, [illegible]ember 11th. 1884.

Full Name of Deceased, {Write plainly and spell. If an Infant give names} Henry M. Gregory

Sex, Male or Female, {Cross out the word not required in this line} Male

Age, 69 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Painter

Birth Place, {State or country, and how long in the United States if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 127 N. Washington Street.

Cause of Death, First (Primary) [illegible] Typhoid Fever

Second (Immediate) [illegible]

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 13th 1884

Undertaker, Denny & Mitchell

Place of Business, 45 N. Broadway

H. F. Dashiell Jr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 79497

...tion of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79497 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended ... a last illness, is responsible for the presentation of this Certificate, *accurately filled* ... out, to the Undertaker or other ... attending the burial, within *twenty-four hours* after the death of said deceased, or ... sooner, if requested so to do, ... W...

No 1 ...TAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11 '84

Full Name of Deceased, Annie Kennedy

Sex, ~~Male or Female~~

Age, ... *Months,* ..... *Days*

Color, ...

Birth Place, {State or country, and if in the United States, the State or Territory. If of foreign birth, the country.} Cross out the words not required in this line. } House Baker Wilmington Delaware

Duration of Residence in Baltimore, 22 years

Place of Death, {Give Street and Number.} 411 W. Pratt

Cause of Death, {First, Malaria
Second, Exhaustion & convulsions
Duration of last Sickness, about 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 13th

Undertaker, John. J. Paulus

Place of Business, 66 Frederick Ave *Address,* corner 326 Hanover st

W. A. Jones M. D.
Medical ~~Attendant~~.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 19498

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79498

Office of Registrar of Vital Statistics. 10

The Physician who attended [illegible] last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person having the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11 / 84

Full Name of Deceased (Christian and surname. If a child spell Infant or Baby. If unknown, say Unknown.) Mathilda Stuckagel

Sex, Male or Female

Age, 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower (If unknown, say so.)

Occupation, Miss

Birthplace, (State or Country where born. If born in the United States, name the State in which deceased was long in the United States. If of foreign birth, name the Country.) Germany.

Duration of Residence in Baltimore, 22 yrs

Place of Death (Number of house, street and ward.) 146 Pearl St.

Cause of Death (Name the disease causing death, and if from violence, state the means and whether accidental, suicidal or homicidal.) Brights Disease

Brights Disease

Duration of Last Illness one month.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Bath

Date of Burial, Nov 13

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

W. P. Thompson M.D.,
Medical Attendant.

Address, 19 W Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79501 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Francis Murphy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 10 *Days.*

~~Color~~, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 31 N. Mount St

Cause of Death, First (Primary), General Tuberculosis

Second (Immediate),

Duration of Last Sickness, 5 mos

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, November 12th/84

Undertaker Matthew Cadogan

Place of Business, 227 Mulberry St

C. C. McDowell M. D.
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79502 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Claus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City - Life-time

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 270 S Dallas St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Nov 13th 1884

Undertaker, W. Funk

Place of Business, ——— *Address,* 1423 Aliceanna St.

John H. Kelleyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

To

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79503 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Janie Davis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 4 2 *Years,* 2 *Months,* 27 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

~~*Occupation*~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give Street and Number.} No 267 S. Wolfe st

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Nov. 12th 84

Undertaker, G. O France

Place of Business, Bank & Wolfe Sts *Address,* 22 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, the cause and date of death.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79304 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11—1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Boyle

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Service

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 6 Mulberry St—

Cause of Death, First (Primary), Phthisis

Second (Immediate), Hemorrhage in Childbirth

Duration of Last Sickness, 2 Months Never attended Midwives

All the above information should be furnished by the Physician.

Place of Burial, W. Pat. Cemetery

Date of Burial, Nov 12/1884

Undertaker, F. A. Kershaw

Place of Business, ———

I attended deceased from above date until death

J. McClurd M. D.

Medical Attendant.

Address, B. Gen. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79505 *Office of Registrar of Vital Statistics.* Ward 10 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Ronaser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, in Years, in Months. 3 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 9 N Poppleton St

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 12th 1884

James A Lum M. D.
~~Medical Attendant.~~

Undertaker, J B Cooks

Place of Business, 70 N Balto St *Address,* Cor Fay & N

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, the cause and date of death.

W. L. Roberts Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases o...

Health Department, City of Baltimore.

Permit No. 7956 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10" 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel. Cornish

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7. *Years,* 5 *Months.* *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 17. Race St

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Bronchitis

Duration of Last Sickness, 7. days

All the above information should be furnished by the Physician.

Place of Burial, Lac St. Cem

Date of Burial, Nov 13 = 1884

Undertaker, Jacob Davis

Place of Business,

Thos A Glenn M. D.

~~Medical Attendant~~ Comm" of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the du... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fu... within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate settin... far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person de... the cause and date of death.

John. E. Dunning Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 79507 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie & Moses Johnson. Parents

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 1 *Days*

Color, coloured

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} No 2 Watts court

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 2 Watts court

Cause of Death, First (Primary), Convulsions of Lungs

Second (Immediate), asphyxia

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, West Sub. County

Date of Burial, November 1884

Undertaker, Fred Kuehne

Place of Business, 129 Arlington Ave. *Address,* 326 Stallings St

Wm A. Irwin M. D.

~~Medical Attendant~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 79508 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 9. 97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. F. Walton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 20 Plum alley

Cause of Death, First (Primary), old age

Second (Immediate), asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shark st Ch

Date of Burial, Jan 11 97

Undertaker, [illegible]

Place of Business, 221 Hanover st

W. S. Bar M. D.

Medical Attendant.

Address, 20 Shark st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 79509

Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months.* *Days*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give Street and Number.} Gelson Alley

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Nov 13th 1884

Undertaker, Chas. H. Miller

Place of Business, 125 S. Howard St.

Wm Goebel M. D.
Medical Attendant.

Address, 670 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases o...

Health Department, City of Baltimore.

Permit No. 79510 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12 / 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ezekiel Shipley

~~*Sex,*~~ *Male or ~~Female,~~* {Cross out the word not required in this line.}

Age, 61 *Years,* ___ *Months,* ___ *Days*

Color, colored

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Montgomery Co. Md

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give Street and Number.} 21 Orford st

Cause of Death, First (Primary), Suddenly a

Second (Immediate), heart Disease

Duration of Last Sickness, Dont Know found dead this morning

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Nov 15th 1884

Undertaker, Chas. M. Shaw

Place of Business, 98 S. Eutaw st

W. Andrews M. D.

~~Medical Attendant.~~

Address, 32 E. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 79511 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Heim

~~Sex, Male or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* —— *Months,* —— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dress-maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give Street and Number.} 46 S. Central Ave

Cause of Death, First (Primary), Dysentery

Second (Immediate), Marasmus

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cem

Date of Burial, Nov 12 84

Undertaker, G. Frazier

Place of Business, Ploetz & Wolf *Address,* 245 E. Baltimore St.

J. Mathias M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 79572 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 13 1884

CERTIFICATE OF DEATH.

Date of Death, November 12th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph Galickson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seven *Years,* ——— *Months.* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Sweden

Duration of Residence in the City of Baltimore, Three Years.

Place of Death, {Give Street and Number.} 444 Lancaster St.

Cause of Death, First (Primary), ———

Second (Immediate), Diphtheria

Duration of Last Sickness, One weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Nov 13th

Undertaker, W. Leippel

Place of Business, 137 S Broadway *Address,* 275 S. Broadway

N. L. Dashiell Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 79573 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schatz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* One *Months,* One *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} Blair Ave near Schultz Park

Cause of Death, First (Primary), Eclampsia

Second (Immediate),

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, November 13-1884

Undertaker, Henry McGinnis

Place of Business, 8 N Central Ave Address, Cor Eager & Caroline

J. W. Abercrombie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 79514 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 10 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Young

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 151 John St

Cause of Death, First (Primary), Chronic Anemia

Second (Immediate), Congestion of brain

Duration of Last Sickness, Many Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 13th 1884

Undertaker, J Emy & Bro

Place of Business, 350 W Fayette St

Richd S Slothower M. D.
Medical Attendant.

Address, 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore.

Permit No. 79575 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 12, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Kamm.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Fifty-one *Years,* Eleven *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, About 20 years

Place of Death, {Give street and Number.} No. 536 Harford ave

Cause of Death,
First (Primary), Pneumonia.
Second (Immediate), —

Duration of Last Sickness, One week

the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, Nov 14/84

Undertaker C F Raw

Place of Business, 621½ W. Balt St. *Address,* 539 Harford ave

Reg. R. Elwell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79516

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Washington A. Page

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 75 *Years,* 8 *Months,* ..... *Days.*

Color, white

~~Married,~~ Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Lumber Dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 25 Miles St

Cause of Death, First, (Primary,) Old age.

Second, (Immediate,) Congestion of lungs & heart failure.

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 14th 84

Undertaker, Nelson Austin & Son

Place of Business, Park & Saratoga

J. R. Uhler M. D.
Medical Attendant.

Address, 234 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 79517

Office of Registrar of Vital Statistics.

Ward 7 d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary H. Uhlfelder

Sex, ~~Male~~ or Female, {Cross out the word, not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 39 Mulberry St

Cause of Death,

First (Primary),

Second (Immediate), Phthisis Pulmonalis Acute

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 14th 1884

Undertaker, John N. McCoy

Place of Business, #22 W. Fayette St

H. M. White, M. D.
Medical Attendant.

Address, 317 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o...

Board of Health, City of Baltimore,

Permit No. 79518 *Office of Registrar of Vital Statistics.* Ward 9 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11/84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edmund Franklin

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~—~~ *Years,* 3 *Months,* 21 *Days,*

Color, Colrd

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Supposed Va

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 57 St Paul St

Cause of Death, First (Primary),

Second (Immediate) Marasmus 2 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 13/1884

Undertaker Geo. Rinehart

Place of Business, Forrest Place

Thos. J. Ward M. D.
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible]

Health Department, City of Baltimore.

Permit No. 79519

Office of Registrar of Vital Statistics.

Ward 67

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. C. Creagh

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 29 Bradford St.

Cause of Death, First (Primary), Tuberculous Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Int Council

Date of Burial, Nov 13 84

Undertaker, Fry & Dix

Place of Business, 84 N Broadway

H. H. Luke M. D.
Medical Attendant.

Address, Balt. & Pratt sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of [illegible] is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 79520

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Murphy.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* 1 *Months,* 1 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Horse Trainer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 181 E Eager St Balto

Cause of Death, First, (Primary,) Bright's Disease.

Second, (Immediate,) Coma.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemet

Date of Burial, Novemb 14 1884

Undertaker, Wm H. Hackmyer

Place of Business, 1234 Saint

H. A. Smith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully ...

Health Department, City of Baltimore.

Permit No. 79521 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 12" 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Scabora (mother)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months.* 9 *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 131 York St

Cause of Death, First (Primary),

Second (Immediate), Tetanus Neonatorum

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Nov 13 - 1884

Undertaker, J Davis

Place of Business,

Geo A Allen M. D.

Medical Assistant.

Comm'r of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John. E. Buchanan Dr Sec'y

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 79322 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Switzer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* 7 *Days,*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} Child

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 168 Pennsylvania Ave

Cause of Death,
First, (Primary,) Lobar Pneumonia
Second, (Immediate,) Collapse of Lungs

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 13,

Undertaker, G. H. Bryant

Place of Business, 2012 Pa Ave

H. K. Fetterhoff M. D.,
Medical Attendant.

Address, 105 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to

Health Department, City of Baltimore.

Permit No. 79523 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharina Koch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 88 S. Central av.

Cause of Death, First (Primary), Typhoid-Pneumonia

Second (Immediate),

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Nov. 14 1884

Undertaker, Michael Kunkel

Place of Business, 33 Bank

John H. Rehberger M. D.
Medical Attendant.

Address, 1443 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ...

Health Department, City of Baltimore.

Permit No. 79524 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th November 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Frederick

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland.

Duration of Residence in the City of Baltimore, Left

Place of Death, {Give Street and Number.} 49 N. Fremont St.

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 14th 1884

Undertaker, H. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 234 Madison Ave

A. J. Buck *M. D*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Health Department, City of Baltimore.

Permit No. 79525 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November the 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anti Geiers ~~Anita~~

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months.* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, for Life time

Place of Death, {Give Street and Number.} 44 S Bethel St

Cause of Death, First (Primary),

Second (Immediate), Tramp & Paralizet

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical

Date of Burial, Nov 15th

Undertaker, Mr Sanders

Place of Business, 250 Canton av

James H Clemm M. D.

~~Medical Attendant.~~

Address, Canton Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Emanuel Weinman

The Special Attention of Physicians is respectfully invited to the ...

Health Department, City of Baltimore.

Permit No. 7952 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12 / 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Martin

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* *Days*

Color, colored

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md.

Duration of Residence in the City of Baltimore, 16 — —

Place of Death, {Give Street and Number.} found on the Street cor Pennsylvania & Mine st.

Cause of Death, First (Primary), Suddenly of

Second (Immediate), Heart disease

Duration of Last Sickness, dont Know

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 14 1884

Undertaker, Alf Hennesby

Place of Business, [illegible]

W. A. Jones M. D.

~~Medical Attendant~~. Coroner

Address, 326 Hallin st City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the...

Health Department, City of Baltimore.

Permit No. 79527 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Lourdon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Female

Age, 78 *Years,* — *Months,* — *Days*

Color, White

~~Married~~ ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 28 Pamela St.

Cause of Death, First (Primary),

Second (Immediate), Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Nov 14 1884

Undertaker, Matthew Cadogan

Place of Business, 227 Battery St.

M. R. McGinn M. D.
Medical Attendant.

Address, 582 N. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited ...

Health Department, City of Baltimore.

Permit No. 79528 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 13 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Waller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give Street and Number.} 245 Canton ave

Cause of Death, First (Primary), Brights Disease

Second (Immediate),

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St. Cemetery

Date of Burial, Nov. 14th 1884

Undertaker, Wm. Elam

Place of Business, 101 Gough St

Hall Luttridge M. D
Medical Attendant.

Address, 245 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79329

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Geba

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give Street and Number.} # 219 E. Register

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cim.

Date of Burial, 14 November 1884

Undertaker, Frank. Coach C. Co.

Place of Business, 249 N. Durham St.

John H. Rehburger M. D.
Medical Attendant.

Address, 113 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore.

Permit No. 79530 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

name Cornelius McNally

~~Date of Death~~, ~~Date of Death~~

~~Full Name of Deceased~~, {Write legibly and spell correctly. If an infant not named, give names of parents.} November 12 1884

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 75 Years, — Months, — Days,

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} married

Occupation Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} County Dungarvan Ireland

Duration of Residence in the City of Baltimore, Fifty-four years

Place of Death, {Give street and Number.} #347 E. Eager St.

Cause of Death, First (Primary), Chronic Alcoholism

Second (Immediate), Apoplexy

Duration of Last Sickness, A few minutes

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, Nov. 15th 1884

Undertaker Adam Fink & Son

Place of Business, 401 N. Gay St.

G. F. Taylor M. D.
Medical Attendant.

Address, #234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79531 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Novemb 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Killman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 29 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 238 S. Ann St

Cause of Death, First (Primary), Whooping Cough

Second (Immediate),

Duration of Last Sickness, (4 weeks)

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Nov 15th

Undertaker, M. A. Sayer

Place of Business, 748 Bdwy

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3463

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases [illegible]

Health Department, City of Baltimore.

Permit No. 79532 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Stevens

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, Eighteen Years, Months. Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert County

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give Street and Number.} 326 Hanover St

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate),

Duration of Last Sickness, About Ten days

All the above information should be furnished by the Physician.

Place of Burial, Calvert County Md.

Date of Burial, Novemb. 25th

Undertaker, B. Hall

Place of Business, 62 West St

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3463 Transcript [OVER.]

Health Department, City of Baltimore.

Permit No. 79533 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. Fudnard Panetti

~~Sex,~~ Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days*

Color, Wh.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Barber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} 185 S. Frederick

Cause of Death, First (Primary), Stricture urethra, Uraemia

Second (Immediate), Oedema pulmonum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician,

Place of Burial, Balt Cemetery

Date of Burial, November 15th 1884

Undertaker, Chas Bartlett

Place of Business, 3 N Frederick St *Address,* 185 S Baltimore

J Hartzell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79534 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 7 Nov. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edson Moyd Sheppard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 139 S. Eutaw St.

Cause of Death, First (Primary), Smothered in bed

Second (Immediate), —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 14th 84

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw

W. A. Spencer M. D.
Medical Attendant.

Coroner

Address, 226 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse.

Board of Health, City of Baltimore.

Permit No. 79535 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip F. Singer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 86 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Stone Mason

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 83 yrs

Place of Death, {Give street and Number.} 321 Hartford Ave

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Nov 16th 1884

Undertaker Peter Fink

Place of Business, 461 N Gay St

Wm B. Billingslea M. D.
Medical Attendant.

Address, 228 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore

Permit No. 79536 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 13/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 87 *Years,* ——— *Months.* ——— *Days*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 30 Wilkens Av

Cause of Death, First (Primary), Old Age

Second (Immediate), Effects Shock due to a fall

Duration of Last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 14 84

Undertaker, Alf Hemsley

Place of Business, ———

Jno D Blake M. D.
Medical Attendant.

Address, 158 Lacas

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 79537 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th — 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Non. Geo. H. Wiman / Margret Wiman

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

~~Age~~, Foetus in 5th Month ~~Months~~, 5 Minutes ~~Days~~

Color White

Married, Single, Widow or Widower { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore No. 92 Pine St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No. 92 Pine St

Cause of Death, First (Primary),

Second (Immediate),

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov. 14th 1884

Undertaker L. H. Wiman

Place of Business,

H. Jenkins M. D.
Medical Attendant.

Address, 2 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79538 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11 '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen White

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All time

Place of Death, {Give Street and Number.} 953 W. Pratt st.

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, A few months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, November 14

Undertaker, [redacted]

Place of Business, [redacted]

Wm A. Jones M. D.

Medical Attendant.

Coroner

Address, 326 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

DAK SAFETY FILM

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 79539 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Riley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tanner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Necrosis of Tibia & Ankle

Second, (Immediate,) Phthisis Exhaustion

Duration of Last Sickness, 16 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Nov 15th 1884

Undertaker, M. Clarke & Son

Place of Business, 92 D. Ave

W. R. Clark M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Health Department, City of Baltimore.

Permit No. 79540 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Forrester

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 18 *Months,* ..... *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 77 Mulliken St

Cause of Death,
First (Primary),
Second (Immediate), Pneumonia

Duration of Last Sickness, 20 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 14th 1884

Undertaker, J. J. Locks

Place of Business, 473 Jefferson St

J. J. Gwinn M. D.
Medical Attendant.

Address, 137 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 19341 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Washington Tall.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, White.

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} ✓

Occupation, Sail Maker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 35 Years.

Place of Death, {Give Street and Number.} 65 Lee St.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Tuberculosis.

Duration of Last Sickness, About 2 years.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Nov 15th 1884

Undertaker, Henry W Means

Place of Business, #415 N. Gay St.

R. J. W. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79542 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th November 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Reed

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, one *Years,* 7 *Months.* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 316. Montgomery St.

Cause of Death, First (Primary), Whooping Cough & Bronchitis

Second (Immediate), Convulsions & coma

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Nov 15th 1884

Undertaker, Chas W. Chase

Place of Business, 198 E. Monument Address, 146. Hill St.

L. D. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29573 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Grosman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 7 Days,

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Home

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate,) Catarrh

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 14th

Undertaker, [illegible]

Place of Business, [illegible]

Tho. S. Latimer M. D.,
Medical Attendant.

Address, 371 W. ~~Biddle~~ Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physicim who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 79574 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months. 5 Days

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 1 1/2 mo

Place of Death, {Give Street and Number.} 106 Wade St

Cause of Death,
First (Primary),
Second (Immediate), Bronchitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loue Cemetery

Date of Burial, Nov 14 1884

Undertaker, L Davis

Place of Business, 311 Mulberry *Address,* 1 E Mulberry

J H Brachman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79525 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Clancey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Restaurant Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 13 yrs

Place of Death, {Give Street and Number.} 25 S. Ceylral Ave

Cause of Death, First (Primary), Tubercular Laryngitis

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 15th November

Edwd F. Richardson M. D.
Medical Attendant.

Undertaker, Matthew Cadogan

Place of Business, 227 Hanover St *Address,* 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79546 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Long

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days*

Color, ♀

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Deals Island

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 511 Hughes St bet Light & Charles Mar Court

Cause of Death,

First (Primary), Intermittent fever

Second (Immediate), " " Congestion,

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Balt County

Date of Burial, Nov 14th 1884

Undertaker, F. A. Henderson

Place of Business,

L. A. Bell M. D.

~~Medical Attendant.~~ Coroner

Address, 161 Saratoga St E

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 79547 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th Nov 1884

Full Name of Deceased, {Write legibly and spell correctly. If unknown, not named, give names of parents.} John Kane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland Ireland

Duration of Residence in the City of Baltimore, 45 years

Place of Death. {Give street and Number.} 111 104 Eastern ave

Cause of Death. First (Primary), Injury to head

Second (Immediate), Concussion of Brain

Duration of Last Sickness. 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balt County

Date of Burial, Nov 15 1884

Undertaker Jas P Byrne

Place of Business, 65 Fleet st *Address,* 110 Hanover st

A. M. Hodge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore

Permit No. 19548 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 15 1884

Date of Death, Nov 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Saunders

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, / *Years,* 10 *Months,* *Days*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 103 S Dulaney St

Cause of Death, First (Primary),

Second (Immediate), Measles

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 14th 1884

Undertaker W W Maddux

Place of Business,

Thos S Latimer M. D.

~~Medical Attendant~~

Address, Cary Court

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

J H Latimer
Inspector

Health Department, City of Baltimore.

Permit No. 79549 *Office of Registrar of Vital Statistics.* Ward 12 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 15

CERTIFICATE OF DEATH.

Date of Death, Nov. 13. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Rooke,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* 6 *Months.* *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 13 years.

Place of Death, {Give Street and Number.} 12 Wilson St.

Cause of Death, First (Primary), Cirrhosis of the Liver.

Second (Immediate), Exhaustion

Duration of Last Sickness, About 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetary

Date of Burial, Nov. 15th 1884

Undertaker, Dieterick, Wiegand

Place of Business, 166 Druid Hill Ave *Address,*

J. Ric Carl *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 79550 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann E Gill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Fish dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Cor Charles & Madison

Cause of Death, First (Primary),

Second (Immediate), Cancer Stomach

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 16/84

Undertaker, Frey & Bro

Place of Business, 516 Broadway

J H Latham M. D.
Medical Attendant.

Address, 13 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79537 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Coughlan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 30 Years

Place of Death, {Give Street and Number.} 11 5 Orleans St.

Cause of Death, First (Primary), Old Age

Second (Immediate), General Debility

Duration of Last Sickness, about 2 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's Cem.

Date of Burial, November 16. 1884

Undertaker, D Henry McGinnis

Place of Business, 8 N Central Ave

John N. Lynan M. D.
Medical Attendant.

Address, 238 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 79552 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 15 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 14 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Bimmel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life - 43 yrs

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Cancer of Rectum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 16 1884

Undertaker, John W Jackson

Place of Business,

H. B. Wilkins, M. D., Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 79533 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1884

Date of Death, Nov. 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Loveday

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 12 ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ---

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 110 S Carolina St

Cause of Death,
First (Primary), Diptheria
Second (Immediate), ...

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Eq Cemetery

Date of Burial, Nov 15th 1884

Undertaker, Wm. N. Dunne

Place of Business, No 62 East St

Saml E Durrett M. D.
Medical Attendant.

Address, 122 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases

Health Department, City of Baltimore.

Permit No. 79534 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Grace

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eight *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give Street and Number.} 15 Chestnut st

Cause of Death, First (Primary),

Second (Immediate), Malarial Fever

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 15th 1884

Undertaker, Wm. N. Sawyer

Place of Business, No 61 East 4

L. E. Smith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79555 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 15 1894

CERTIFICATE OF DEATH.

Date of Death, 15th November 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Arold

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* 4 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavary, Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} S. Dallas Street 128.

Cause of Death, First (Primary), Tuberculosis Pulmonum

Second (Immediate),

Duration of Last Sickness, 1½ years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 16

Undertaker, Edw. Hayes

Place of Business,

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79536 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14: 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel M. Evans

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 54 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Brick Layer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 286 S. Broadway

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Novem 16th 1884

Undertaker, Denny & Mitchell

Place of Business, 668 Broadway

James E. Emmitt M. D.
Medical Attendant.

Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79567 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 15

Date of Death, Nov 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Welch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 35 Covington St

Cause of Death, First (Primary), Enteric Colitis

Second (Immediate), Exhaustion —

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, Nov 16. 14

Undertaker, B. Hall

Place of Business, 42 West St

Geo B Reynolds M. D.
Medical Attendant.

Address, 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79538 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Carpenter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* 2 *Months.* 18 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, About 66 Years.

Place of Death, {Give Street and Number.} 296 N. Eden St.

Cause of Death, First (Primary), Extreme Nervous debility

Second (Immediate), Consumption.

Duration of Last Sickness, About 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 19th

Undertaker, Geo Schilling

Place of Business,

John H. White M. D.
Medical Attendant.

Address, 852 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 79559 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Bellmann

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 7 *Months,* *Days,*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} No 24 Miller st

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 17th

Undertaker E. A. Schilling

Place of Business,

Dr H. A. Hynes M. D.
Medical Attendant.

Address, No 54 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 79560 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 15, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hermann Krieme

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 12 *Years,* 1 *Months,* 15 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 254 S Dallas St.

Cause of Death, First (Primary),

Second (Immediate) Diphtheria.

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Jan 15-84

Undertaker Adam Austman

Place of Business, 82 Bank St *Address,* 96 S. Ann St.

A. V. Gonzales M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79561 *Office of Registrar of Vital Statistics.* Ward C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mr & M Carmine Carmine

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1/2 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 479 E Eager Lo

Cause of Death, First (Primary), Premature Birth

Second (Immediate), " "

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 15/84

Undertaker, J. D. Young

Place of Business, Mrs Lo

Thos A Shearer M. D.

~~Medical Attendant~~

Emergency Hosp & P.C.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Henry M M Keeney Sen Inspector

Health Department, City of Baltimore.

Permit No. 79562 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 15

CERTIFICATE OF DEATH.

Date of Death, Nov 14 1824

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* —— *Months.* 17 *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 406 Wash St

Cause of Death, First (Primary), ——

Second (Immediate), Atelectasis Pulmonum

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Grey, St. Cemetery

Date of Burial, Nov 16

Undertaker, T. Ross

Place of Business, Bridge St

Jno D. Blake M. D.
Medical Attendant.

Address, 108 Wash

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79563 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 15 1884

CERTIFICATE OF DEATH.

Date of Death, November 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Stevens

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* 11 *Months,* 14 *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} F 3 Randall St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cath. Patrick Co.

Date of Burial, Nov "16" 1884

Undertaker, Th. Segwald

Place of Business, 35 S. Eutaw *Address,* 161 So Eutaw St

Dr. A. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore

Permit No. 79564 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13 ty

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William R Satchell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months.* *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} F W Millers Wharf foot of Lancaster St

Cause of Death, First (Primary), Accidentally fell from Small boat

Second (Immediate), Drowned

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hamilton Va

Date of Burial, Nov 15th 1884

Undertaker, J. J Locke

Place of Business, 413 E Pratt

Geo Ruth Jr M. D.
Medical Attendant.

Address 1st Aug 1st 82

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3464 Branch

[OVER.]

Health Department, City of Baltimore.

Permit No. 79565 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Cleveland Keller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months.* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 157 N. Caroline

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Nov 16, 1884

Undertaker, Henry McGinnis's

Place of Business, 4 & 11 Central

Geo. B. Reynolds M. D. Medical Attendant.

Address, 171 N. Gay

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79566 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 15 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Kalb

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months. Days

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 4 20 Caulard as

Cause of Death, First (Primary), Marasmus

Second (Immediate), as Stated

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Lodge Redeemer Cem.

Date of Burial, Nov 15th 84

Undertaker, G. Frank

Place of Business, Bank & Wolfe St. *Address,* 717 E. Broadway

G. L. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and cause and date of death.

[over.]

Health Department, City of Baltimo.

Permit No. 7967 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1884 BALTIMORE MD.

Date of Death, Nov 14 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Spill

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 161 E Collington

Cause of Death, First (Primary), Croup

Second (Immediate),

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Nov. 16th 84

Undertaker, G. Frank

Place of Business, Frank & Wolfe *Address,* 219 Biddle

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 19568 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 15 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 14 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kirchner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* 5 *Months.* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give Street and Number.} 3 Whitelings Court

Cause of Death, First (Primary), Gastritis

Second (Immediate),

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Nov 16th 84

Undertaker, G. Franz

Place of Business, Bank & Wolfe Sts *Address,* 57 Caldwell St

C. J. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79569 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Bell dau Roy Campbell & Parents

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, ~~~ *Years,* ~~~ *Months,* 7 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 4 Seldon Ct.

Cause of Death, First (Primary),

Second (Immediate), Spasms.

Duration of Last Sickness, All its Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cem

Date of Burial, Nov 14 = 1884

Undertaker, F A Leuchner.

Place of Business,

Thos A Shinn M. D.

~~Medical Attendant~~ Comm of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dunning Inspector

Health Department, City of Baltimore

Permit No. 79570 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 15 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward M. Wheatley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 2 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 98 N. Caren

Cause of Death, First (Primary), Valvular Disease of the Heart

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Nov 16th 1884

Undertaker, [illegible]

Place of Business,

Edw F. Michael M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 79571 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 15 18[illegible]

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Nail or Nagle

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Scissor Grinder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Friebury Germany

Duration of Residence in the City of Baltimore, 40

Place of Death, {Give street and Number.} Lives at 32 Wyoming st Lexington near Park

Cause of Death. First (Primary), Dropped dead on Lexington st

Second (Immediate) from ~~Hemorrhage of the Lungs~~ was dead when I got to him

Duration of Last Sickness,

the above info mation should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Nov 16 1884

Undertaker A Rosenberger & Co

Place of Business 70 Amberg *Address,* No. 58 N Liberty St

C D Stanger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79572 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 15 1884
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 13th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Anna Lippelen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 13 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 100 & 102 Fork Ave

Cause of Death, First (Primary),

Second (Immediate), Exanition

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Nov 17th 1884

Undertaker, Benj. Starke

Place of Business, 82 West St

Robert S. Lowe M. D.
Medical Attendant.

Address, 333 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 19873 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1884

CERTIFICATE OF DEATH.

Date of Death, November 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Mary Fleischman

Fleischman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 1 *Months.* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Their Life

Place of Death, {Give Street and Number.} Belong Pennsylvania Ave

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Ft Evergreen Cem.

Date of Burial, Nov 17.

Undertaker, W. H. Glass

Place of Business, 62 West Pratt St

O. A. Cooke M. D.
Medical Attendant.

Address, 210 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 79574 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15-4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattias Diem

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 15 minutes ~~Days~~

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 96 N. Chapel St

Cause of Death, First (Primary), Premature Birth

Second (Immediate), —

Duration of Last Sickness, 15 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Dr. Alphonsus

Date of Burial, Nov 16/84

Undertaker, G. Frazier

Place of Business, Bank & Wolf St *Address,* Carey 16th

I Hunt Adams M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo. E. Frazier Undertaker

KODAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 7957 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Badger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three *Years,* Ten *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 97 Chestnut Alley

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Bronchitis

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Shuph St cemetery

Date of Burial, November 16th 1884

Undertaker W. N. Bishop & Co

Place of Business, 97 Druid Hill Ave

A K Bond M. D.
Medical Attendant.

Address, 316 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 79576 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Lox

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, His yrs

Place of Death, {Give Street and Number.} 211 Hughes

Cause of Death, First (Primary), Cerebral Embolism

Second (Immediate), Paralysis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemet

Date of Burial, Nov 16

Undertaker, H Ross

Place of Business, 12 Lemmon St

D. H. Ellis M. D.
Medical Attendant.

Address, 310 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 19577 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lipp

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* *Months,* *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Cart-Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give Street and Number.} 29 E Eastern Av

Cause of Death, First (Primary), Congestive Chills

Second (Immediate), " Of Brain & Lungs

Duration of Last Sickness, 36 Hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 17 1884

Undertaker, C F Krause

Place of Business, 204 Hanover

O. A. Corke M. D.

Medical Attendant.

Address, 110 Fort Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 19178 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday 15 Nov 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Ramsey

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 19 *Years,* 10 *Months,* 7 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Housework

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and Number. } 62 Boyd

Cause of Death, First (Primary),

Second (Immediate) Pulmonary Phthisis

Duration of Last Sickness, Since Oct. 5th 1884

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Nov. 17/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address,* 565 W Fayette St

D. Morse M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 19579 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lotz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* — *Months,* — *Days*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Store Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 29 Rock St

Cause of Death, First (Primary),

Second (Immediate), Old age

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, ~~Mount Olivet~~ Cemetery

Date of Burial, Nov 18/84

Undertaker, C. F. Kraus

Place of Business, Hanover

Thos. A. Steuart M. D.

~~Medical Attendant.~~

Address, Camp 26. VSC

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo. E. Brown
Coroner's Inspector

Board of Health, City of Baltimore,

Permit No. 19580 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 24 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Catarrhal Phthisis

Second, (Immediate,) Congestion of Lungs

Duration of Last Sickness, 8

All the above information should be furnished by the Physician.

Place of Burial, Cedar Put Cem

Date of Burial, Nov 16/84

Undertaker, Geo Burkhart

Place of Business, Sexton

R. B. Watkins M. D., Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 79181 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dinah Lyons

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel County Md

Duration of Residence in the City of Baltimore, Two Mos

Place of Death, {Give street and Number.} 24 Ment Alley

Cause of Death, First, (Primary,) Cancer (Encephaloid) face

Second, (Immediate,) Right antrum

Duration of Last Sickness, About 8 mos

All the above information should be furnished by the Physician.

Place of Burial, West Arun Md

Date of Burial, Nov 17/84

Undertaker, W H Dingee

Place of Business, 62 E Balt

Medical Attendant.

Address 221 W Lexington St

HEALTH DEPARTMENT NOV 16 1884 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Paint 3465

79582

Date of Death, November 16th 1884

Name of Deceased, Laura Elizabeth Cole

Sex, Male or Female, Female

Age, Two years and Six Months (6)

Color, White

Occupation, —

Birthplace, Baltimore Md.

Duration of Residence in B. C. Life Time

Place of Death, No. 295 Aliceanna St

Cause of Death, First, (Primary).

Second, (Immediate), Diphtheria

Duration of last Sickness, Three Days

REMARKS.

I am out of death certificates, and send this in place of one —

Mrs Lucy Wm H. Clendinen Md.
No 102 N. Broadway

Nurse 87 N Broadway

See following certificate

J. J. C. DULANY & CO. PRINTERS.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 79582 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura E. Cole

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* ~~~ *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.}

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 17/84

Undertaker, Fry & Bro

Place of Business, 81 N Broadway

James A. Stewart M. D.
Medical Attendant.

Address, Com. of Health Registration
Per [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to Blank Forms.

Board of Health, City of Baltimore,

Permit No. 79383 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George W Shallus

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 23 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Clerk

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, — —

Place of Death, { Give street and Number. } N. W. Poston & Mc Kim

Cause of Death, First (Primary), Brights Disease

Second (Immediate),

Duration of Last Sickness, two Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 18th

Undertaker Geo. Schaffer

Place of Business Monument & Boyett St

W. B. Billingslea M. D.
Medical Attendant.

Address, 228 E. Pontiac St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 78584 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd Sudens

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 3 *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Fredk Co.

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 573 Patapsco St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, November 17th 84

Undertaker, John C. Schuh

Place of Business, 265 Aliceanna *Address,* 52 S. Broadway

Wm. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore

Permit No. 79585 — *Office of Registrar of Vital Statistics.* 1st

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15 — "84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sweeney

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} Cor. Monument & North

Cause of Death, First, (Primary.) Hemorrhage, resulting from Co. commi
Second, (Immediate.) nuted fracs. of both Thighs from being run over by a train on N. C. R. R.

Duration of Last Sickness, 6 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemy

Date of Burial, Nov 17/84

Undertaker, Jas. P. Byrne

Place of Business, ———

Alexander Hill, M.D.,
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice; to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79586 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. NOV 17 1884

CERTIFICATE OF DEATH

Date of Death, Nov 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennetta Blant

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months.* 7 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 53 Lee Fremont Sts

Cause of Death, First (Primary), —

Second (Immediate), Convulsions

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Bell Point A. Cemetery

Date of Burial, November 17 Dr. A. Bell M. D.

Undertaker, Jacob Threns ~~Medical Attendant.~~ Coroner Sudler

Place of Business, 31 High St *Address,* 161 Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No. 79587 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15 1884 NOV 17 18

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida. Gray Cator

Sex, ~~Male or Female,~~ { Cross out the word not required in this line. }

Age, —— *Years,* 15 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 439 E Cameron St

Cause of Death, First (Primary), Cerebritis Bronchitis

Second (Immediate),

Duration of Last Sickness, 3 or 4 Day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, Nov 17th.

Undertaker P. N. Todd

Place of Business, 131 Hanover St

Geo. N. Jenkins M. D.
Medical Attendant.

Address, 439 E Cameron St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79588 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Raymond Nunnery

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Nunnery

Age, *Years,* 3 *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} 86 N. Paca St.

Cause of Death,
First (Primary),
Second (Immediate), (Probably) Convulsions,

Duration of Last Sickness, (Child died during night. Had no previous medical attendant. No suspicious circumstances attending death. Had been ailing slightly for several days.

All the above information should be furnished by the Physician.

Place of Burial, H. Williams

Date of Burial, Nov 19 1884

Undertaker, J. Rosenberger

Place of Business, 70 Lexington St

George H. Robe M. D.
Medical Attendant.

Address, N. Co. Mulberry & Greene Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79589 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tirsa Lynch

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 75 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 17th

Undertaker, H. C. Windefeld

Place of Business,

Oscar J Leary M. D.
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 79594 *Office of Registrar of Vital Statistics.* Ward 9 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McLane

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 36 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Car Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 17 1884

Undertaker, Jas P Byrne

Place of Business, 63 Hanover

C. R. Clark M. D., Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79591 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 17 19

Date of Death, November 15th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Lane

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seventy two *Years,* one *Months.* two *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waterman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Matthews Co. Va.

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give Street and Number.} No 10 N. Bond St

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Exhaustion

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Deals Island Somerset Co Md.

Date of Burial, Nov 18th

Undertaker, Geo Schilling

Place of Business,

J R Hay *M. D.*

Medical Attendant.

Address, 99 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3466 Transcript [OVER.]

...e Special Attention of Physicians is respectfully invited to the Regulations below, and to Section Seven ...

Board of Health, City of Baltimore,

Permit No. 79592 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Hall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and Number.} 51 S Caroline St

Cause of Death,
First (Primary), Congestion of the lungs
Second (Immediate),

Duration of Last Sickness, Not well since Confinement 18 days ago

All the above information should be furnished by the Physician.

Place of Burial, Hebron Park Cem.

Date of Burial, Nov 19/84

Undertaker Wm J Baier

Place of Business, 94 S Bdwy

D W Cathell M. D.
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 79593 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline K. Leeman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and Number.} 220 E. Pratt St

Cause of Death, First (Primary), Paralysis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, Nov 18th 1884

Undertaker P. H. Dill

Place of Business, 183 Columbia Ave *Address,* Wm H Hanover

Geo. F. Jones M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 79394

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 17 18 BALTIMORE MD.

Date of Death, Nov. 15/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bell. Miles

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 206 Vine St

Cause of Death { First, (Primary,) Brain Fever
, { Second, (Immediate,) " "

Duration of last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Nov 17/884

Undertaker, or Percy Miles

Place of Business, 206 Vine St

J. Earl Matthews M. D.
Medical Attendant.

Address, 389 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 79595 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 17 18[illegible]

Date of Death, Nov 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Kerr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Easton Talbot County Md

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and Number.} 98 Arlington Avenue

Cause of Death,
First (Primary), Heart Disease
Second (Immediate), Valvular Disease Heart

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Easton Talbot Co Md

Date of Burial, Nov 17th 84

Undertaker Kelly Stewart & Son

Place of Business, Park & Saratoga St

J. W. J. Englar M. D.
Medical Attendant.

Address, 334 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 79596 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 [illegible]

BALTIMORE [illegible]

CERTIFICATE OF DEATH.

Date of Death, November 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Baker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 18 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, at home

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 98 Mullikin & Dallas Sts

Cause of Death, First (Primary), Unknown

Second (Immediate), ~~Typhoid fever~~

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 18th 1884

Undertaker, James F Byrne

Place of Business, 463 n Front St

Milton Stocker M. D.
Medical Attendant.

Address, 138 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79597 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Clark

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~ *Years,* ~ *Months,* 4 *Days*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 215 Raborg St

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Shiloh St Cemetery

Date of Burial, Nov 18th 1884

Undertaker, or Abt Smith

Place of Business, 134 Raborg St

James A. Stewart M. D.

~~Medical Attendant.~~ Com. of Health Registration

Address, Penitentiary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

W. E. Roberts Inspector

[OVER.]

Health Department, City of Baltimore.

Permit No. 79598 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Oldendorf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 79 *Years,* 1 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give Street and Number.} 317 Eastern Ave

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemetery

Date of Burial, Nov 19 1884 J. W. Shuck M. D.

Medical Attendant.

Undertaker, John Herron & Co

Place of Business, 382 Orleans St *Address,* S E Cor Bayard & Caroline

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Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79599 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 17 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannie Conzens

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Act ans Life

Place of Death, {Give Street and Number.} 68 N Front St

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Nov 18th 1884

Undertaker, Henry W. Means

Place of Business, #45 N. Gay St

Howard Lotz M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79608

Office of Registrar of Vital Statistics.

Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 17 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1884

Full Name of Deceased; {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Helmer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 41 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 1064 Lancaster St

Cause of Death, First (Primary), Cancer of the Liver

Second (Immediate),

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, November 17th

Undertaker, Winebell & Kyd

Place of Business,

Thomas B. Evans M. D.
Medical Attendant.

Address, 29 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 19601 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 17 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 16 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Beisseler

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 89 S. Hope

Cause of Death, First (Primary), Haemophilia Haemorrhage

Second (Immediate), Anaemia, Exhaustio.

Duration of Last Sickness, 6 mth

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, Nov 18th

Undertaker, W. Leipper

Place of Business,

J Mathias M. D.
Medical Attendant.

Address, 241 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79602 — *Office of Registrar of Vital Statistics.* — Ward 15-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 17 1884 BALTIMORE MD.

Date of Death, 13th November 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* *Months.* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 43. Peach alley

Cause of Death, First (Primary), Paralysis

Second (Immediate), Apoplexy

Duration of Last Sickness, 3. weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill

Date of Burial, 17th November

Undertaker, Jacob Davis

Place of Business, 251 Montgomery St. *Address,* 146. Hull St.

L. D. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Garrett 3468

[OVER.]

Health Department, City of Baltimore.

Permit No. 79603 *Office of Registrar of Vital Statistics.* Ward 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Attila Edward Stein

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 46 *Years,* 2 *Months.* 7 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Physician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 195 N. Eden St.

Cause of Death, First (Primary), Consumption & Cirrhosis of Liver

Second (Immediate), Asthenia

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 19th

Undertaker, Geo Schilling

Place of Business,

Jno. S. Lynch M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 79604 *Office of Registrar of Vital Statistics.* Ward 10 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 17 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Perry Lynch

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 25 *Years,* *Months,* *Days,*

Color, Negro

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, Carter

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 24 Union St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Greenmount Cemetery

Date of Burial Nov 17 1884

Undertaker, Wilhelm & Denger

Place of Business, 462 East St

Wm A Moale M. D.,
Medical Attendant.

Address, 153 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 79605

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 17 18

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch Calahan

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 2 *Months,* 13 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Milliner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Lancaster Co, Pa.

Duration of Residence in the City of Baltimore, about 15 years

Place of Death, {Give street and number.} 192 Mulberry St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis, Second (Immediate,)

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Northumberland Co Pa

Date of Burial, November 18th

Edward Jn. Rise M. D.
Medical Attendant.

Undertaker, Wm. J. Pickner

Place of Business, 65 S. Eutaw st

Address 199 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3469 Fraser

[OVER.]

Health Department, City of Baltimore.

Permit No. 79606 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luther F. Culton

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 39 *Years,* 5 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Publisher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 258. Charles St

Cause of Death, First (Primary), Typho Malarial Fever

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 19th 84

Undertaker, Hugenkiss & Sons

Place of Business, Park & Saratoga

Edw F Michelsen M. D.
Medical Attendant.

Address, 283. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79607 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Dreyer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 289 Orleans St.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov. 18th 1884.

Undertaker, Sprenkle & Carter

Place of Business, 210 E. Balto. St.

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79608 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 17 18

Date of Death, Nov. 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Garrett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Forty *Years,* ——— *Months,* ——— *Days*

Color, Brown

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city.

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give Street and Number.} No. 5 Josephine St.

Cause of Death, First (Primary), Cold and exposure in army

Second (Immediate), Consumption

Duration of Last Sickness, Ten years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 18 1884

Undertaker, Alf Hemsley

Place of Business, ———

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79609 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th November 1884 17 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver Green

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* one *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 33. Foster alley

Cause of Death, First (Primary), Catarrh Bronchial

Second (Immediate), Apnea

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, 17th november

Undertaker, Edward Mason

Place of Business, Donnalleys No-3 cont

L. D. Dyer M. D.

Medical Attendant.

Address, 146. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

OAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 79610 *Office of Registrar of Vital Statistics.* Ward 7 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1a

CERTIFICATE OF DEATH

Date of Death, ~~Mrs Horan~~ Nov 18 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Brigid Horan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death. {Give street and Number.} 17 Barnes st.

Cause of Death. First (Primary), Phthisis Pulmonalis.

Second (Immediate), Haemorrhage.

Duration of Last Sickness, Several years.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 18 November

Undertaker Adams Funk

Place of Business, 401 N. Gay St.

C. O'Donovan Jr. M. D.
113 W Monument St
Medical Attendant.

Address, 115 W. Monument st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7961 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mar 18 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Palmer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give Street and Number.} 1988 Dolcas

Cause of Death, First (Primary), Apoplexy

Second (Immediate), ...

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 18th 1894

Undertaker, Saml R Ellis

Place of Business, 220 Hanover St

Chas E Dronsfield M. D.
Medical Attendant.

Address, 996 Bals St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79614 — *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th November 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard E. Caughur

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 4 Months. Days

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore / Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 3. Peach alley

Cause of Death, First (Primary), Diarrhea

Second (Immediate), Marasmus & convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem. Co.

Date of Burial, Nov 19th 1884

Undertaker, Saml M. Brune

Place of Business, 198 S. Howard St

L. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79613 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

NOV. 17 188

Date of Death, November 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katy W Shank

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* 4 *Months* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give Street and Number.} 89 N Carey

Cause of Death, First (Primary), Malaria

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Virginia

Date of Burial, Nov 18-84

Undertaker, Denny & Mitchell

Place of Business, 560 W Fayette *Address,* 36 N Eutaw

J. E. Chappell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3470 Frank

[over.]

Health Department, City of Baltimore.

Permit No. 7964 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 17 18

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Henry Finck

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 66 *Years,* 7 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Printer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, { Give Street and Number. } 734 N Bond St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Coma

Duration of Last Sickness, Six (6) hours

All the above information should be furnished by the Physician.

Place of Burial, N. Mathews St

Date of Burial, Nov 19 1884

Undertaker, Henry Lock

Place of Business, 309 N Eutaw St

S. E. Shuler M. D.
Medical Attendant.

Office of Coroner of Eastern Precincts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 79615 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Claudia M. Redrod

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 4 *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} * 1466 E. Chase st.

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Apnoea

Duration of Last Sickness, 2 or 3 Days

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 19 1884

Undertaker John W Jackson

Place of Business, Day & Gardner *Address,* 305 N. Gurley st.

Geo. A. Northman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7966 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV. 18 1

Date of Death, Nov 16 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Regan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* 11 *Months,* 27 *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give Street and Number.} 118 Woodall ave

Cause of Death, First (Primary),

Second (Immediate), Paralysis of the Heart

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius C.

Date of Burial, Nov 18

Undertaker, B. Hall

Place of Business, 62 West St.

Medical Attendant. M. D.

Address, 469 Canton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7961 7 *Office of Registrar of Vital Statistics.* Ward 2 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 16 18

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget E Noland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months.* 35 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, 3

Birth Place, {State or country, and how long in the United States if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 190 N. Central ave

Cause of Death, First (Primary), 1

Second (Immediate), Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holly Tree Cemetery

Date of Burial, Nov 18th 1884

Undertaker, Henry McGinnis

Place of Business, 8 N. Central Ave

Geo B Reines M. D.
Medical Attendant.

Address, 171 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79618 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Parker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* ——— *Months.* ——— *Days*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lexington, Va "

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give Street and Number.} 339 Hoffman St

Cause of Death, First (Primary), Brights Disease

Second (Immediate), " "

Duration of Last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov. 18- 1884

Undertaker, W. W Madden

Place of Business, 46 East St

E. A. Browne M. D.
Medical Attendant.

Address, 307 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79619 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Olevia west

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 16 *Days*

Color, w

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Marys Co. Md.

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give Street and Number.} 260 Raborg St

Cause of Death, First (Primary), Hooping cough

Second (Immediate), Bronchitis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 18th 1884

Undertaker, Wm N. Dennis

Place of Business, 1146 East Pratt

Wm P. Clemm M. D.
Medical Attendant.

Address, University of Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 79629 *Office of Registrar of Vital Statistics.* Ward 19

The Physicim who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16. 84. NOV 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lisson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, About 65 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Huckster.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Co, Va

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} 24 Stockton Alley

Cause of death, First, (Primary,) Consumption of the Lungs

Second, (Immediate,) ———

Duration of Last Sickness, 18 mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Nov 18th 1884

Undertaker, Wm H Dugger

Place of Business, 1142 East 4th

John D. Kima M. D.,
Medical Attendant.

Address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79621 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Globe Ann Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give Street and Number.} # 3 Bethel Court

Cause of Death, First (Primary), Erysipelas

Second (Immediate), Rheumatism

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 18th 1884

Undertaker, Wm M. Duncan

Place of Business, East St

Wm A Steiner M. D.
~~Medical Attendant.~~

Address, Camp & Pratt R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Jos C Fitzpatrick

[OVER.]

Health Department, City of Baltimore.

Permit No. 79622 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Hoffman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 03 Months. 3 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Ultimo,

Place of Death, {Give Street and Number.} 152 S. Charles St.

Cause of Death, First (Primary), Bronchitis,

Second (Immediate),

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov 19 -

Undertaker, F. N. Dover

Place of Business, 131 Hanover

Julius Hall M. D.
Medical Attendant.

Address, Northern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79623 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Deaver

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 75 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} No 26 Jefferson st

Cause of Death, First (Primary), Ulceration of the Legs

Second (Immediate), Dropsy

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 18th

Undertaker, Thos P Forbes

Place of Business, 12 Jefferson St *Address,* 92 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 79624 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 18 1

Date of Death, Nov 17/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Haney

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* 2 *Months,* — *Days,*

~~*Color,*~~

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore —

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 149 N. Fremont St

Cause of Death.

First (Primary), Phthisis Pulmonalis —

Second (Immediate),

Duration of Last Sickness, about 3 (?) months —

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 19/1884

Undertaker J. B. Cook

Place of Business, 707 W. Balto St, *Address,* 642 W. Fayette St

C. C. McDowell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 79625 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

NOV 18 1

CERTIFICATE OF DEATH.

Date of Death, Nov 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary J. Collins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* 8 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Long time!!

Place of Death, {Give street and Number.} 54 h Pratt st

Cause of Death, First, (Primary,) Cancer

Second, (Immediate,) Malignant uterine growth

Duration of Last Sickness, 4 or 5 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov. 18/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. *Address,* 23 E. Ca

H. F. Hill M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 79626 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Daniel Cannon

~~Sex~~ *Male* ~~or Female.~~ {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Georgetown D.C.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 35 N. Liberty St.

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, Three months

the above information should be furnished by the Physician.

Place of Burial Green Mount Cem

Date of Burial, Nov 19th 1884 *J. H. Malden* *M. D.*

Medical Attendant.

Undertaker STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

Place of Business, STEWART & MOWEN, UNDERTAKERS, 35 Park Ave. *Address,* 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 7962 *Office of Registrar of Vital Statistics.* Ward 20 ?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

NOV 13 1

Date of Death, Nov 18/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry La Porte

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death. {Give street and Number.} 364 Lombard

Cause of Death, First (Primary), Organic Disease of Heart

Second (Immediate). Suffocation

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 20th

Undertaker A. Rohde

Place of Business, Penna Ave near Biddle st

D. H. Miller *M. D.*

Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 79628 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 16 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lingenfreyhost

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Engine & Engine Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} N. E. Cor. Hanover & Patapsco Sts

Cause of Death, First (Primary), Haemorrhage from Lungs

Second (Immediate), ...

Duration of Last Sickness, Instantly

All the above information should be furnished by the Physician.

Place of Burial, Balto. Carmel Cem

Date of Burial, Nov 19th 1884

Undertaker, H. Sandy & Son

Place of Business, 252 Canton ave

Chas. E. Dennis M. D.
Medical Attendant.

Address, 920 Patapsco St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79629 *Office of Registrar of Vital Statistics.* Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John George Meyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 156 S. Regester St

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Nov. 18 1884

Undertaker, H. Sanderson

Place of Business, 252 Canton Ave

John H. Rehlmyer M. D.
Medical Attendant.

Address, 141 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79630 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

NOV 19

Date of Death, Nov. 17/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Eisenhardt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 9 *Months,* 24 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 172 S. Chapel

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asthenia of the heart

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel cem

Date of Burial, Nov. 18th 1884

Undertaker, H. Sanders son

Place of Business, 252 Lanvale ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 52 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 79631 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 7 *Days,*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 57 St Paul St

Cause of Death, First (Primary),

Second (Immediate). Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cathedral

Date of Burial, Nov 18/1884

Undertaker Geo. Rinehart

Place of Business, —

Thos. F. Ward M. D.
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 79632 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. W. Garrison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Manufacturer of mouldings.

Birthplace, {State or country, and how long in the United States. If of foreign birth.} New York State.

Duration of Residence in the City of Baltimore, twelve years.

Place of Death, {Give street and Number.} 110 Hasleu Ave.

Cause of Death,
First (Primary). Chronic Pneumonia
Second (Immediate). Hemorrhage. Consumption

Duration of Last Sickness, One years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 20th

Undertaker Chas. T. Scinco

Place of Business, 27 N. Eutaw *Address,* 95 Park Ave

A. R. Esich *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 79633 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Victoria Streb

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 00 *Years,* 6 *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and Number.} 238 N. Wolf St

Cause of Death, First, (Primary,) Ovarian Tumor

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about six Months

All the above information should be furnished by the Physician.

Place of Burial, Ht Zion

Date of Burial, Nov 18th

Undertaker, Adam Fink

Place of Business, 761 W Balt

J. H. Grimes M. D.,
Medical Attendant.

Address, 257 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79634 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

NOV 13 1

Date of Death, November 17 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Sheller

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 43 *Years,* *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Stevedore

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give Street and Number.} 71 S. Chapel st.

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate),

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Nov 19th 84

Undertaker, G. Franz

Place of Business, 9 Paul & Wolfe sts *Address,* 325 E. Baltimore

P. L. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79635 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence May McClellan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 5 *Months.* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 108 Fleet

Cause of Death, First (Primary), Cramps - Congested and Inflamation of Bowels

Second (Immediate),

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Nov. 18th 84

Undertaker, G. France

Place of Business, Dant & Wolfe St *Address,* 77 S. Broadway

J. L. McClintock M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 79636 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 18 18

Date of Death, Nov. 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August E Herwig

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days*

Color, White

~~Married, Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Piano Tuner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hershfeld Germany

Duration of Residence in the City of Baltimore, about 30 years

Place of Death. {Give street and Number.} 142 Ramsey St.

Cause of Death, First (Primary). General Debility

Second (Immediate). Old age

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery.

Date of Burial, Nov. 19th.

Undertaker F. N. Troll

Place of Business, 131 Hanover St.

H. W. Webner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Health Department, City of Baltimore.

Permit No. 79637 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Steinberg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} 812 S Charles St

Cause of Death, First (Primary), Malarial Fever

Second (Immediate),

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, Nov 20th 1884

Undertaker, Wm Elam

Place of Business, 101 Gough St

O. A. Cooke M. D.
Medical Attendant.

Address, 210 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 19638 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 17 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Jennings

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Oyster Man

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore, 6 Weeks

Place of Death, {Give Street and Number.} 75 N Durham St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, A A Co

Date of Burial, Nov 18/84

Undertaker, Fry Bro

Place of Business, 81 N Broadway *Address,* 1[illegible] Eden St

L. J. Gupton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Transit 3472

[OVER.]

Health Department, City of Baltimore.

Permit No. 79639 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 18

CERTIFICATE OF DEATH.

Date of Death, Nov 17. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Lilley Lyles

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 25 Years, — Months, — Days

Color, Col —

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 10 Dennis al

Cause of Death, First (Primary), Abortion

Second (Immediate), Pyaemia

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Nov. 18th 1884

Undertaker, Saml W. Chase

Place of Business, 178 S. Howard st

J. E. Attinson M. D.
Medical Attendant.

Address, 19 Catherine st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79640 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17 1884

NOV 19 18[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wagland

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 95 E. Lombard St

Cause of Death, First (Primary),

Second (Immediate), Diphtheritic Croup

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cemetery

Date of Burial, November 18th

Undertaker, Fred Goeck

Place of Business, 29 S. Caroline *Address,* 137 Aisquith St

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79641 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm C. Horner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baeto,

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 203 S Spring

Cause of Death, First (Primary), Malarial Fever running

Second (Immediate), again into Typhoid Fever

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 19 1884

Undertaker, Jno O Byrne

Place of Business, 63 Hanover

J Ridgway Audio M. D.
Medical Attendant.

Address, 121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79642 *Office of Registrar of Vital Statistics.* Ward 12 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Daily Cuby

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 8 *Months,* 7 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bucks. Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 163 Dolphin St

Cause of Death, First (Primary), Scirrhus of Tongue

Second (Immediate), Scirrhus of Stomach

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 19th 84

Undertaker, Hufnagle Bros

Place of Business, Park Avenue

Thomas Shearer M. D.
Medical Attendant.

Address, 97 E. Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore

Permit No. 19643 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18, 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph W. Dunn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Married

Place of Death, {Give Street and Number.} Baltimore Infirmary

Cause of Death, First (Primary), Bright's disease of Kidneys

Second (Immediate), Uremia

Duration of Last Sickness, eight days

All the above information should be furnished by the Physician.

Place of Burial, Sykesville C. Co. Md

Date of Burial, Nov. 19/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* Coroner 32 & Hall's Ct City.

Wm A. Dunn M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Transit 3473

[OVER.]

Health Department, City of Baltimore.

Permit No. 79647 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Bryson Johnson.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* ..... *Months.* ..... *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} S. E. Cor Calhoun & Prestman St.

Cause of Death, First (Primary), Phthisis Pulmonalis (Rapid)

Second (Immediate), Exhaustion.

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov. 2 1884

Undertaker, Chas. T. Scriven

Place of Business, 217 N. Eutaw

A. Ricketts M. D.
Medical Attendant.

Address, 515 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79645 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Whalen

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* 6 days

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Infant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 18 Hilford St.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 18 Hilford St.

Cause of Death, First (Primary), Cyanosis

Second (Immediate),

Duration of Last Sickness, 6 hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 19. 1884

Undertaker, James P Burke

Place of Business, No 63 N Front St

Edward P. McDevitt M. D.
Medical Attendant.

Address, 84 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 79646 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie C Lane

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 3 *Months,* 29 *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and Number.} 41 Washington Avenue

Cause of Death, First, (Primary,) Typhoid Malarial Fever

Second, (Immediate,) Hemorrhage Bowels

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, November 19/84

Undertaker, W. J. Tickner & Co

Place of Business, 65 S. Gutan

H. Wm Conner M. D., Medical Attendant.

Address, 162 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79647 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Elma Wallace

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 380 Bank St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asthenia of the Heart

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Nov. 20 84

Undertaker, W. A. Leiger

Place of Business, 74 S. Bdwy

B. W. Mansfield M. D.
Medical Attendant.

Address, 52 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 79648 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie V. Mice

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* 11 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and Number.} 152 Eutaw st

Cause of Death, First (Primary), Puerperal Peritonitis

Second (Immediate) dont know the initial under the cond...

Duration of Last Sickness, Dno. Dr. Shultz I saw her first only a few...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. from Sin for death

Date of Burial, Nov 19/94

Undertaker M. Dwyer

Place of Business, 74 S. Bdwy

W. B. Billingslea M. D.
Medical Attendant.

Address, 228 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79649 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Kraut

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 72 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give Street and Number.} 163 Mulberry St.

Cause of Death, First (Primary), Softening of the brain

Second (Immediate), Apnoea

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Lovanstown

Date of Burial, Nov 19/84

Undertaker, ...

Place of Business, ...

J. J. Litsinger M. D.
Medical Attendant.

Address, 584 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

3 4 7 4 Laurel

n City of Ra... No. 7986

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 79650 *Office of Registrar of Vital Statistics.* **Ward** 1 S...

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately fil... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Murphy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give Street and Number.} 10 Union St

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Nov 20

Undertaker, M. Blanket & Son

Place of Business, 92 S. Am... *Address,* 171 E. Pratt

Geo B Rogers *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 79651 *Office of Registrar of Vital Statistics.* Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 86

BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 17 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Augusta Kelso Adreon

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 41 *Years,* 5 *Months,* 12 *Days.*

Color, White

Married, ~~Single, Widow~~ or *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} Guilford Ave near Boundary Ave

Cause of Death, First, (Primary,) Gastro-duodenitis

Second, (Immediate,) Congestion of lungs & exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial Thursday Nov. 20/84

Date of Burial, Greenmount Cem

Undertaker, Hughes Spence & Co

Place of Business, 160 E Baltimore St *Address,* 317 Madison Ave

J. A. Casey Thomas M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Health Department, City of Baltimore.

Permit No. 79652 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Hackman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 224 Chestnut

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Coma

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 20 84

Undertaker, James McGinnis

Place of Business, 113 Chapman St

H. Isett M. D.

Medical Attendant.

Address, 1087 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79653 *Office of Registrar of Vital Statistics.* Ward 1 SC

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Wolf

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Harrison Alley

Cause of Death, First (Primary), Laryngitis

Second (Immediate), Asphyxia

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 19/84

Undertaker, W. Diepke

Place of Business,

W. H. Luck M. D.
Medical Attendant.

Address, Balt. & Paul. sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79652 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Carey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boy Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 118 West Fombert Street

Cause of Death, First (Primary), ~~Inflammation~~ Effusion on of Spinal cord and

Second (Immediate), Apoplexy

Duration of Last Sickness, about an hour

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Nov 19 1884

Undertaker, Jas B Byrne

Place of Business, 68 Front

E Hall Rutledge M. D.
Medical Attendant.
Coroner

Address, 108 Eighth Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 79655 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

NOV 19 1894

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas & Clara Ealy

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and Number.} 162 Raborg St.

Cause of Death, First (Primary), ...

Second (Immediate), Inanition

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cemetery

Date of Burial, Nov 20th 1894

Undertaker Benj. H. Chase

Place of Business, 195 S. Howard St. *Address,* 262 Hanover St.

R. M. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause [illegible] date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 79657 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Asbury

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, ~~Black~~ White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va to Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 16 Wagon Alley

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, About three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, Nov 20th 1884

Undertaker, Saml W Chase

Place of Business, 198 S Howard St

A. M. Wilson M. D.
Medical Attendant.

Address, D C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79657 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 19 1884

Date of Death, Nov. 20/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* —— *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov. 21/84

Undertaker, Frank McVeagh

Place of Business, Division & Fremont

R. M. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79658 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary P. Perine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months.* 5 weeks *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1227 Forest St.

Cause of Death, First (Primary), Premature birth

Second (Immediate), asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 19th 84

Undertaker, H. C. Wiedefield

Place of Business, 90 Greenmount Av. *Address,*

James A. Steuart M. D.
Medical Attendant. {
Com. of Health & Registrar
Res. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Chas V. Fitzpatrick

[OVER.]

Board of Health, City of Baltimore,

Permit No. 79689 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19 80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Henry Lybarnd.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 2 Months, 4 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 50 Parkin St.

Cause of Death, First (Primary), Capillary Bronchites

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Nov. 20/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 298 W. Lombard St.

H. H. Webner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79660 *Office of Registrar of Vital Statistics.* Ward 16½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 19 1884

CERTIFICATE OF DEATH.

Date of Death, November 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fritz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* 5 *Months,* 11 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Segar-Box-Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} # 254 S. Sharp St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Pneumonia, Chronic

Duration of Last Sickness, about 5 or 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 21 St. 1884

Undertaker, Julius Kochler

Place of Business, Sharp & Cross Sts *Address* 161 S. Sharp St.

Lud A Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 79661 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 18

CERTIFICATE OF DEATH.

Date of Death, November 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward T. Damage

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Three Years, Three Months, Nineteen Days,

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 18 Orchard St

Cause of Death, First, (Primary,) Scrofulosis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, Chapel St Ceme

Date of Burial, Nov 19 1884

Undertaker, Wm J Gray

Place of Business, 65 Madison

Edwd D. Coulson M. D.,
Medical Attendant.

Address, 244 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79662 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14 November 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lewis Teppler

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* 1 *Months.* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} S. Charles St. 384

Cause of Death, First (Primary), Convulsions

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 21 November 1884

Undertaker, Ernst Schloman

Place of Business, 181 S. Sharp St. *Address,* 205 W. Fayette St.

A. E. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79663 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Streyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brewer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany (9 yrs in America

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give Street and Number.} St. Joseph's Hospital,

Cause of Death, First (Primary), Malarial Poisoning

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, about 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 20 1882

Undertaker, Henry Mack

Place of Business, 302 W. Pratt St *Address,* 188 Eutaw St

Oscar Koch M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 19664 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Schlaich

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* 8 *Months,* *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailoring

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} No 551 E. Monument

Cause of Death, First (Primary), Bad health or Fallen sh

Second (Immediate), Diphtheria & Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Nov 20 1884

Undertaker, Henry Hoeck

Place of Business, 309 N Central Av *Address,*

J Ridgway Andre M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 19665 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Novbr 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Klopfer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 79 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give Street and Number.} Lor Preston & Eutaw Streets

Cause of Death, First (Primary), Nitrab insufficiency Heart

Second (Immediate), General Anasarca

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Novem 21, 1884

Undertaker, Henry Hout

Place of Business, 369 Central Ave *Address,* Cor Eager & Caroline

J. W. Slow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited [illegible]

Board of Health, City of Baltimore.

Permit No. 79666 ... *Office of Registrar of Vital Statistics.* 1884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta L. Barthel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 yr. *Years,* one *Months,* 20 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 121 N Broadway

Cause of Death, First, (Primary.) Membr. Croup.

Second, (Immediate.)

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov. 21/84

Undertaker, J. B. Cook

Place of Business, 707 E. Balto. St.

W. Wright M.D.,
Medical Attendant.

Address, 121 N Gilmor St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7967 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19th 83, A M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas C Rash

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 29 *Years,* — *Months.* — *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Copper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} N 49 W Eutaw St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cty

Date of Burial, Nov 21st 1883

Undertaker, John S Mercer

Place of Business, 1210 Eutaw

Chas L Cadell M. D.
Medical Attendant.

Address, Cor Cumbria Ave & Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Accompanying Rules.

Board of Health, City of Baltimore.

Permit No. 79668. *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Generoth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 16 *Months,* — *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 273 Canton ave

Cause of Death, First (Primary),

Second (Immediate). Diptheritis

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, November 20th

Undertaker Fred Gaede

Place of Business, 29 S Eutaw St

Jos C Benzinger M. D.
Medical Attendant.

Address, Broadway & Pratt Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 79669 *Office of Registrar of Vital Statistics.* Ward 1 F

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th 94

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Folan

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 80 Luzerne St.

Cause of Death,
First (Primary), Typhoid fever
Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lamenachie County

Date of Burial, November 21st 94

Undertaker, Fred Laude

Place of Business, 29 S. Caroline

J. Statter, M. D.
Medical Attendant.

Address, 295 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 79670 *Office of Registrar of Vital Statistics.* Ward 19"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar A Myers

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 9 *Months,* ..... *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 365 Lafayette Ave

Cause of Death. First (Primary), Meningitis

Second (Immediate), "

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 20th 1884

Undertaker John N. McCoy

Place of Business, 22 W. Fayette St *Address,* .....

John Opie *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o...

Board of Health, City of Baltimore,

Permit No. 79671 *Office of Registrar of Vital Statistics.* **Ward** 6 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Vogel

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 44 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Saloon Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, { Give street and Number. } No 549 E. Fayette st

Cause of Death,
First (Primary), Intestinal obstruction
Second (Immediate), Septicaemia

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel Cemetery

Date of Burial, Nov 21 - 1884

Undertaker Wm. Nicolaus

Place of Business, 21 S. Alicanna

L. A. Wentzel M. D.
Medical Attendant.

Address, 12 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to this ...

Board of Health, City of Baltimore,

Permit No. 79672 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob F. Obrecht

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* 11 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Dealer in feed

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and Number.} 391 Light St.

Cause of Death, First (Primary),

Second (Immediate). Hemorrhage of the liver.

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C

Date of Burial, November 22

Undertaker B. Hark

Place of Business, 82 West St. *Address,* 5 Franklin St.

John Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. - *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79673 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th November 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Annie Woosley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* 11 *Months,* 11 *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 16. Leadenhall St.

Cause of Death, First (Primary), Congestive = Remittent fever

Second (Immediate), Cerebral = congestion

Duration of Last Sickness, 8. days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 20 1884

Undertaker, H. Ross

Place of Business, 21 Saratoga St

L. D. Dyer M. D.
Medical Attendant.

Address, 146. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79674 *Office of Registrar of Vital Statistics.* Ward 10 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th November 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick A. Georgiss

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 26 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Moulder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 7 Jackson Court.

Cause of Death, First (Primary),

Second (Immediate), Consumption of Lungs.

Duration of Last Sickness, 2 Yrs 5 Mos.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, November 20th 84

Undertaker, Matthew Cadogan.

Place of Business, 227 Mulberry St. *Address,* Fayette & Fremont Sts.

N. H. Littell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 79675

Office of Registrar of Vital Statistics. 13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 20 188

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Worsley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~~~

Place of Death, {Give street and number.} 3 Shotts A.

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Convulsions

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Harford Co Cemetery

Date of Burial, Nov 20th 1884

Undertaker, Wm N. Dunsee

Place of Business, No 42 East-st

S. H. Goodman M.D.,
Medical Attendant.

Address, 640 W Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79676 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 188[illegible]

CERTIFICATE OF DEATH.

Date of Death, Nov. 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Lauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 319 N. Central Ave.

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cmtr

Date of Burial, Nov 22, 1884

E. B. Fenby, M. D.
Medical Attendant.

Undertaker Henry Hoeltz

Place of Business, 309 Central Ave *Address,* 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79677 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Margaret Hannan Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 218 S. Bethel St.

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov 20/84

James A Abrams M. D.

Undertaker, John Brown

Place of Business, 224 S. Bethel *Address,* Camp No. 4 R.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79678 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alonza N. Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months.* *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give Street and Number.} 26 Randall St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Collapse

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Nov 20th.

Undertaker, E. N. Wells

Place of Business, 131 Hanover

R. H. O. Ellis *M. D.*
Medical Attendant.

Address, 213 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Health Department, City of Baltimore.

Permit No. 79679 *Office of Registrar of Vital Statistics.* Ward 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Nov 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months. 22 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 3035 Charles St

Cause of Death, First (Primary),

Second (Immediate), Diphtheritic Croup 3 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

I. C. Birch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 79680 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Caroline Gorton.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* 1 *Months,* *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Wilmington N. C.

Duration of Residence in the City of Baltimore, 16 Yrs.

Place of Death, {Give Street and Number.} 109 Cross St.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Tuberculosis,

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 21/1884

Undertaker, [illegible]

Place of Business, 263 Light

R. J. W. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7968 / *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wolsch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 34 *Years,* 10 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Mariner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} No 257 Aliceanna St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, Three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, November 23rd 84

Thomas D. Evans M.D.
Medical Attendant.

Undertaker, John C Schuh

Place of Business, 265 Aliceanna St *Address,* 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79682 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 20 10

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz. Granville.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 10 *Months,* *Days*

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single,

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} 207 Canton Avenue

Cause of Death, First (Primary), Diphtheria,

Second (Immediate),

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 20th

Undertaker, H. Leipsic

Place of Business,

P. L. Dastiell Jr. M. D.
Medical Attendant.

Address, 275 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Health Department, City of Baltimore.

Permit No. 79683 *Office of Registrar of Vital Statistics.* 13

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Russ.

Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* *Days*

Color, White

Married, ~~Single, Widow, Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Elgin — Scotland - 3 years in U.S.

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give Street and Number.} 50 Larkin St

Cause of Death, First (Primary), Mitral Regurgitation Bright's Dis. (?)

Second (Immediate), Extenuation heart

Duration of Last Sickness, One Month - I saw her only during last Week

All the above information should be furnished by the Physician.

Place of Burial, West Cemetery

Date of Burial, Nov 21

Undertaker, Joseph B Cook

Place of Business, 707 W Baltimore

A. McN. Wilson Jr. M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 79684 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19" 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Swann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 130 S Fremont St

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), asphyxia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov. 21/84

Undertaker J B Cook

Place of Business, 707 W Balto; *Address,* 136 Columbia ave

Geo R Graham *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79685 *Office of Registrar of Vital Statistics.* Ward 41

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 19 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James C. Reeveaux

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 82 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Gardener

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Savannah

Duration of Residence in the City of Baltimore, 81 Yr

Place of Death, {Give Street and Number.} 1644 E

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Apnoea

Duration of Last Sickness, 29 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 21st 1884

Undertaker, Wm H Hickman

Place of Business, 1234 Gay St.

H. Isett M. D.
Medical Attendant.

Address, 439 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79686 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Rachel Graham

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* 11 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life except about 7 years

Place of Death, {Give Street and Number.} 343 E. Chase St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asphyxia

Duration of Last Sickness, About 20 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 21st 1884

Undertaker, Wm H. Hutchinson

Place of Business, 1623 Gay Office 262 Madison Ave.

Elmidge C. Price M. D.
Medical Attendant.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of ...

Board of Health, City of Baltimore.

Permit No. 79687 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1884

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Collins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* 8 *Months,* ... *Days.*

Color, Brown Skin

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Maryland

Duration of Residence in the City of Baltimore, Twenty (20) Years

Place of Death, {Give street and Number.} 195 N Exeter St

Cause of Death, First (Primary), Primary Tuberculosis

Second (Immediate), " " Exhaustion

Duration of Last Sickness. Four months

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, Nov 26 1884

Undertaker William A Berry

Place of Business, 462 East St

Thomas Wrenn M. D.
Medical Attendant.

Address, 1) E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mamie R Thomas

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Baltimore City.

Place of Death, {Give street and number.} 220 Dover st

Cause of Death, First (Primary,)

Second (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial, Nov 21 1888

Undertaker, William N Burgess

Place of Business, 62 East st

Frank A Gunner M. D.

Medical Attendant.

Address 187 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 79689 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 11 P. M. Nov 19, 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fanny Smith.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 23 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single,~~ ~~Widow or~~ ~~Widower,~~ { Cross out the word not required in this line. }

Occupation House-keeper.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Dublin Harford County, Md.

Duration of Residence in the City of Baltimore, Eight years.

Place of Death, { Give street and Number. } 135 Spring St.

Cause of Death. First (Primary), Exhaustion

Second (Immediate), Syphilis

Duration of Last Sickness, 3 weeks in Bed.

the above information should be furnished by the Physician.

Place of Burial, Harford County,

Date of Burial Nov 21 1884

Undertaker William N Dorsey

Place of Business, 62 East St

Dispensary of the Balto. Medical College

Medical Attendant.

Address, 333 E Balto. St. per L.C.S.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

3475 Lancet

Health Department, City of Baltimore.

Permit No. 79690 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Cashmore

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 254 Eastern Ave

Cause of Death, First (Primary), Catarrhal Fever

Second (Immediate),

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ecm.

Date of Burial, Nov. 21 st 84

Undertaker, G. Frazer

Place of Business, Jones & Wolfe Sts *Address,* 99 E Balto St

James E Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79691 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 20. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. James Mistack

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 39 *Years,* *Months.* *Days*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Book-keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 105 N. Holliday St.

Cause of Death, First (Primary), Duchenne's disease

Second (Immediate), Paresis

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov. 22nd 84 C. G. Lusk M. D.

Medical Attendant.

Undertaker, G. Frazer

Place of Business, Frazer & Wolfe *Its Address,* Balt. & Stark sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 79692 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helene Henning

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 4 *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baer City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} 17th 160 S. Collington Ave.

Cause of Death, First (Primary), Peritonitis

Second (Immediate), Tuberculosis

Duration of Last Sickness, 2 mos

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Nov 21st 84

Undertaker G. Frank

Place of Business, Bank & Wolfe

L O Wintermute M. D.
Medical Attendant.

Address, 42 S Edw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Health Department, City of Baltimore.

Permit No. 79693 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20-84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Champlain

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.} male

Age, 84 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} Widower

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Old age

Second (Immediate), Congestion lungs - acute

Duration of Last Sickness, 1 + mos

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Nov 22d 1884 Oscar J Cookings M. D.

Undertaker, Le-F Kraus Son Medical Attendant

Place of Business, Fremont & *Address,* 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule of Burials on [illegible]

Health Department, City of Baltimore.

Permit No. 79694 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Four *Years,* 0 *Months,* 0 *Days*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} Rear of No 72 Letting st

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Bronchitis Chronic

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 22 84

Undertaker, Robt Kennedy

Place of Business, [illegible]

Benj Z Rohrer M. D.
Medical Attendant.

Address, Cor Druid Hill & Dolphin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully [illegible]

Health Department, City of Baltimore.

Permit No. 79695 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 19 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex. Rankin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Baltimore~~ Maryland

Duration of Residence in the City of Baltimore, about 14 years

Place of Death, {Give Street and Number.} 3 Saulsbury

Cause of Death, First (Primary), Phthisis Pul.

Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 21st 1884

Undertaker, Wm. M. Smyth

Place of Business, 1062 East [illegible] *Address,* 1, S, Exeter

F. F. Moyer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79696 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Effie May Nightingale

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 6 *Months.* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 368 Light St.

Cause of Death, First (Primary),

Second (Immediate), Gastro Enteritis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loft Hill. Anton

Date of Burial, 27 November

Undertaker, A Hauk.

Place of Business, 1111 St 82

Robert S. Rowe M. D.
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 79697 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Jones Sydings

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 5 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Arnold's P.O. Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, Ten days

Place of Death, {Give Street and Number.} Church Home Infirmary

Cause of Death, First (Primary), Morbus Brightii

Second (Immediate), Uraemia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Church, Anne Arundel Co

Date of Burial, Nov. 22/84

Undertaker, M. A. Taiger

Place of Business, 74 S. Bway

G. G. Luke M. D.
Medical Attendant.

Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the accompanying notice, [illegible]

Health Department, City of Baltimore.

Permit No. 79698 *Office of Registrar of Vital Statistics.* Ward 69

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 22 1894

Date of Death, Nov 21st 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. Fisher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~[illegible]~~ Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 155 Orleans st.

Cause of Death, First (Primary), ...

Second (Immediate), Weakness senility

Duration of Last Sickness, About a month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 23d 94

Undertaker, Fry & Bro

Place of Business, 817 W Broadway *Address,* 137 Orleans st

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Solicited to

Board of Health, City of Baltimore.

Permit No. 79699 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Bibelhiger } Parents Ellen Bibelhiger }

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Born this day ~~Years,~~ Ago 1 hour ~~Months,~~ ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 201 Penna ave

Cause of Death, First (Primary).

Second (Immediate). Asphyxia

Duration of Last Sickness, 2 minutes

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus Cemetery

Date of Burial. November, 22nd 1884.

Undertaker Martin Fahey.

Place of Business, 126 & 128 Townsend, St *Address,* 188 Franklin

J. H. Kelley. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79700 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. Gray

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days*

Color, Colored ✓

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Jefferson Co Va

Duration of Residence in the City of Baltimore, Abt 16 Years

Place of Death, {Give Street and Number.} 108 Druid St

Cause of Death, First (Primary),

Second (Immediate), Hypertrophy of the heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 22 1884

Undertaker, S H Chase

Place of Business, 193 Howard St

S A Bell M.D.

~~Medical Attendant~~ Coroner's Phy'n

Address, 161 So Stiles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79701 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* *Months.* *Days*

Color, Mulatto

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, House work

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 55 Stockholm St

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Evergreen

Date of Burial, Nov 21 1884

Undertaker, S M Chase

Place of Business, 198 Howard

Jno R Black M. D
Medical Attendant.

Address, 158 Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79702 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 20 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John James

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Easton Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 81 East St

Cause of Death. First (Primary),

Second (Immediate) Consumption

Duration of Last Sickness, 4 months

the above info mation should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 22 1894

Undertaker W H Chase

Place of Business, 178 S Howard St

E. M. Hance *M. D.*
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 79703 *Office of Registrar of Vital Statistics.* 65

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 20th Nov. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Everett L. Bridge

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 347 N. Gay St.

Cause of Death, First, (Primary.) Chronic Bronchitis

Second, (Immediate.)

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 22d 1884

Undertaker, James McGinnis

Place of Business, 1 & 3 Bowman Alley *Address,* 364 Madison Ave

H. W. Owings *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79,744 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 18

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Herbert Underhill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* 8 *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3½ Years

Place of Death, {Give Street and Number.} 137 N Spring St.

Cause of Death, First (Primary), Asthma

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 24th/84

Undertaker, Geo Schilling

Place of Business,

C Hall Rutledge M. D.
Medical Attendant.

Address, 102 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 19705 *Office of Registrar of Vital Statistics.* Ward 15"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 22 1894 BALTIMORE

Date of Death, Nov 22 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman A. Puhl

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 8 *Months,* 4 *Days*

Color, W

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ~~14~~ 13 years

Place of Death, {Give Street and Number.} 15 Perry St

Cause of Death, First (Primary), ...

Second (Immediate), Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 23

Undertaker, Henry Broile

Place of Business, Henrietta St 81

Herbert Ford M. D.
Medical Attendant.

Address, 462 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 79706 *Office of Registrar of Vital Statistics.* 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 22nd Nov

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel E. Baker

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Hackman.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 50 Yrs

Place of Death, {Give street and number.} 776 W. Baltimore St.

Cause of Death, First, (Primary.) Double Pneumonia.

Second, (Immediate.)

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Nov. 24/84

Undertaker, J. B. Cook

Place of Business, 707 W Balto St

Jno. S. Lay, M.D.,
Medical Attendant.

Address, 75 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 79707

Office of Registrar of Vital Statistics. 16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 22 1884 B

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Ramsey

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Richmond

Duration of Residence in the City of Baltimore, 1 yr.

Place of Death, { Give street and number. } Barre St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 23 1884

Undertaker, Wm Weaver

Place of Business, # 202 N. Eutaw St.

R. C. Smith M.D.,
Medical Attendant.

Address, 106 Lexington Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Rules on the Reverse Side.

Health Department, City of Baltimore.

Permit No. 79708 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 22-84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Derrick

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female

Age, ~~5~~ 5 *Years,* ~~5~~ *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give Street and Number.} University Hospitals

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Systemic poisoning

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Nov-22-84

Undertaker, H Sanders

Place of Business, 252 Saratoga St

W A Newell M. D.
Medical Attendant.

Address, Univ Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Health Department, City of Baltimore.

Permit No. 29709 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22 - 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Derrick

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 6 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, three days

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Systemic poisoning

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Cameron

Date of Burial, June 22 - 84

Undertaker, H Sander

Place of Business, 252 Canton Ave

W A Trimble M. D.
Medical Attendant.

Address, Univ Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79710 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 22 1884 BALTIMORE MD

Date of Death, Nov 22-84 5;45 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Devine

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 Says

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Nov. 23 1884

Undertaker, Henry Hirsch

Place of Business, 324 Canal St.

Oscar J Cosgrey M. D.
Medical Attendant C.C.H.

Address, 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to the [illegible] Certificate.

Health Department, City of Baltimore.

Permit No. 7971 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1884

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Trumbock

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months.* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, tailor.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Europe

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give Street and Number.} 88 N. Central Ave

Cause of Death, First (Primary),

Second (Immediate), Double Pneumonia.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'ty

Date of Burial, 23 November 84

Undertaker, Fr Koch, Co

Place of Business, 214 S Ann St

A. F. Eichl M. D.
Medical Attendant.

Address, 95 East Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

Health Department, City of Baltimore.

Permit No. 79712 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Seebold

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* —— *Months.* 27 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} . . . . . .

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Rolls City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 86 Jefferson

Cause of Death, First (Primary), Brain

Second (Immediate), Eclampsia

Duration of Last Sickness, Two (2) Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, November 23, 1884

Undertaker, Henry Hoerth

Place of Business, 304 Central Ave

J. W. Palmer M. D.
Medical Attendant.

Address, 81 Eager Street

1885

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79713 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21st 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank A. Bierbower (Bierbower)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Book-Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 148 Harlem Av.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Acute Laryngitis

Duration of Last Sickness, (Laryngitis) 3 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Nov 23d 1884

Undertaker, John S. Mackey

Place of Business, No 150 Camden

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Shars St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blank [illegible]

Board of Health, City of Baltimore,

Permit No. 7974. *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1884

CERTIFICATE OF DEATH.

Date of Death, November 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 31 *Years,* 10 *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Druggist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Liberty Frederick Co., Md.

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and Number.} 90 N. Calhoun st

Cause of Death,
First (Primary),
Second (Immediate). Congestion of Brain

Duration of Last Sickness. 8 hours

All the above Information should be furnished by the Physician.

Place of Burial, Liberty Frederick Co Md

Date of Burial, Nov 23rd 1884

Undertaker D Emy & McKeen

Place of Business, 250 W Fayette *Address,* 94 N. Calhoun st

W. H. Biddle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3478 Transit [OVER.]

79915

Date of Death November 22nd 1884

Louisa
Name — ~~Augustus~~ Memory Gatle

Sex — Female
Widow

Age — 84 years

Occupation — None

Place of Birth — Boston, Mass

Duration of Residence in Baltimore — 72 years

Place of Death — 11 E. Chestnut St.

Cause — Chronic Bronchitis and Dilatation of Heart

Physician — S. E. Chew M.D.
141 Lanvale St

London Park
Nov 22nd to 1884
Hellfrakers Hous
Park & Saratoga St

HEALTH DEPT.
NOV 22 1884
BALTIMORE, MD.

The Special Attention of Physicians ...

Board of Health, City of Baltimore.

Permit No. 19716 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22nd 84

Full Name of Deceased, { Write legibly and spell correctly if an infant not named, give names of parents. } Christian Lambert

Sex, Male or ~~Female.~~ { Cross out the word not required in this line. }

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } ✓

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany Don't know

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Nat. Little Sisters of Poor

Cause of Death. First (Primary). Heart disease

Second (Immediate). General dropsy

Duration of Last Sickness, Ten years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 23 84

Undertaker Mr Blankenship

Place of Business,

Jno. Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7917 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno A Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 11 *Months.* 3 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 220 Aisquith

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Pulmonary Congestion

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 22 1884

Undertaker, ——

Place of Business, ——

Jno A Hall M. D.
Medical Attendant.

Address, 158 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 19718 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 22 1884

CERTIFICATE OF DEATH.

Date of Death, 21st November 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexandria Pinkney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 46 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Oyster-Shucker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cambridge Md.

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give Street and Number.} 33. Peach alley

Cause of Death, First (Primary), Catarrhal-Pneumonitis

Second (Immediate), Cerebral-congestion

Duration of Last Sickness, 6. days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 23 1884

Undertaker, H Davis

Place of Business, [illegible]

L. D. Dyer *M. D.*
Medical Attendant.

Address, 146. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19719 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1884

CERTIFICATE OF DEATH.

Date of Death, November 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Leonard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two *Years,* 8 *Months,* 0 *Days*

Color, Light brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Two Years & 8 Months

Place of Death, {Give Street and Number.} No 41 Greenwillow St

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Convulsions

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 22 1884

Undertaker, H. Fast

Place of Business, 95 Franklin St

Benj F. Bohrer M. D.
Medical Attendant.

Address, Cor Druid Hill & Dolphin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully ...

Health Department, City of Baltimore.

Permit No. 79720 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Cornish

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Co. Md

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 152 Lee St

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis & Dropsy

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 23 1884

Undertaker, H. Dodd

Place of Business, Baltimore

Richard Gatch M. D.
Medical Attendant.

Address, 460 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases, etc.

Health Department, City of Baltimore.

Permit No. 79721 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary —

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St Vincent's Infant Asylum

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Diarrhea.

Duration of Last Sickness, Life.

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov. 23/84

Undertaker, Frank McVeagh

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Reverse Notice, and to Cause of Disease on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7922 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Burnett Burney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~15~~ *Years,* 5 *Months,* 2 1 *Days*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 22 L. Monument St.

Cause of Death, First (Primary), Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 23 1884

Undertaker, Chas Hennesley

Place of Business,

Geo. A. Fleming M. D.
Medical Attendant.

Address, Franklin & Greene Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore.

Permit No. 79723 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Mary Bruce

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* 9 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 1261 E. Franklin Street

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion -

Duration of Last Sickness, 3½ Years

the above information should be furnished by the Physician.

Place of Burial, London Park.

Date of Burial, Nov 23rd 1884

Undertaker Walter Sumwalt

Place of Business, 315 W. Biddle St

H. E. Tilley M. D.
Medical Attendant.

Address, 195 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22. Nov. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Steward

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 10 *Months,* X *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Somerset Co. Md.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 18 Orchard St

Cause of Death, {First (Primary,) Phthisis — Second (Immediate,)}

Duration of Last Sickness, 10 mos.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem.

Date of Burial, Nov 23 - 1884

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

Rich Henry Thomas M.D.
Medical Attendant.

Address 207 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Health Department, City of Baltimore.

Permit No. 74725 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert. J. Krauss

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 209 Hanover St

Cause of Death, First (Primary), Inherited Phthisis Pulmonaly

Second (Immediate), Convulsions 2

Duration of Last Sickness, one Month 2

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 23/84

Undertaker, C.F. Krauss & Son.

Place of Business,

J. C. Burch M. D.
Medical Attendant.

Address, 15 N Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 19726 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 23 1884

Date of Death, Nov 20. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Percy Simpson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 49 White

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Nov 23d 1884

Undertaker Wm H Bunge

Place of Business, 62 East 21st

Henry Chandlee M. D.
Medical Attendant.

Address, Howard Free Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 19727 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Betty Jane Johnson

Sex, ~~Male or Female~~, { Cross out the word not required in this line } [illegible]

Age, [illegible] *Years,* 9 *Months,* 6 *Days,*

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation, [illegible]

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and Number. } 109 Vincent alley

Cause of Death, First, (Primary,) Scald over left breast, side & arm

Second, (Immediate,) Exhaustion

Duration of Last Sickness. 2 weeks 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Nov 23" 84

Undertaker, Wm C Burnes

Place of Business, 62 East St

[illegible] M. D.,
Medical Attendant.

Address, 221 N Ly[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

79728

Board of Health, City of Baltimore,

Permit No. 31 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NOV 23 1864

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Reed

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* 10 *Months,* 27 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} #56 Vincent St

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate). Phthisis Pulmonalis

Duration of Last Sickness, 5 Mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Nov 23d 1864

Undertaker Wm C. Burge

Place of Business, 62 East, St

G W England M. D.

Medical Attendant.

Address, 344 Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 7929 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21

CERTIFICATE OF DEATH.

Date of Death, Nov. 20 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Nelson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} —— ——

Age, *Years,* 10 *Months,* —— *Days*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, D —— ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 23 Vincent Street

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 23 Vincent st

Cause of Death, First (Primary), Malaria

Second (Immediate), Exhaustion

Duration of Last Sickness, Five days 18

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, Nov 23 1884

Undertaker, S H Chase

Place of Business, 198 Howard St

Wm R Jones M. D.

~~Medical Attendant~~ Coroner

Address, 326 Hollins St City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 19730 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helena Stewart

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} On Atlantic Ocean, Brt. Germany & America

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give Street and Number.} 79 Johnson St.

Cause of Death, First (Primary), Intermittent Fever

Second (Immediate), " " Congestive

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, Nov 24th 1884

Undertaker, [illegible]

Place of Business, [illegible]

S. T. Bell M. D.

~~Medical Attendant~~ Coroner 2nd Dist

Address, 161 So Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79731 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 24 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 22 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Wheeler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} London England

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 174 Linden Ave

Cause of Death, First, (Primary,) Strangulated Hernia

Second, (Immediate,) Peritonitis

Duration of Last Sickness, Hartford 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Aberdeen Md

Date of Burial, Nov 24th 1884

Undertaker, D Emmy & Mitchell

Place of Business, 550 N Fayette St *Address,* 114 Paul ave

H. E. Chataud M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below; and to List of Diseases on Reverse.

Board of Health, City of Baltimore,

Permit No. 79732

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23 — "84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Boyd

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Don't know

~~Occupation~~, "

~~Birthplace~~, {State or Country and how long in the United States, if of foreign birth.} "

~~Duration of Residence in the City of Baltimore~~, "

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Epilepsy

Second, (Immediate.) ———

Duration of Last Sickness, About 15 hours.

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Nov 24th/84

Undertaker, Geo Ritchcast

Place of Business, Forest Park

Alexander Hill, M.D.,
Medical Attendant.

Address, Coroner Cent. Dist

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Board of Health, City of Baltimore.

Permit No. 79733 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ludlow Hopkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 105 ~~Baltimore~~ et Fawsett St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 24th Sat

Undertaker [illegible]

Place of Business, Park & Saratoga Sts

C. O'Donovan M. D.
Medical Attendant.

Address, 115 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79734 *Office of Registrar of Vital Statistics.* Ward 16 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22d. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winford Mooney.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* ..... *Months,* ..... *Days*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give Street and Number.} 227 Hamburg.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Pneumonia.

Duration of Last Sickness, (Pneumonia) 6 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery.

Date of Burial, November 24th 1884.

Undertaker, Martin Fahey.

Place of Business, 126 & 128 Townsend St. *Address,* 152 Sharp St.

R. J. H. Tall. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 79735 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 24 1884

Date of Death, November 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredericka Schaper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* — *Months,* — *Days,* 7

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years in Balto

Place of Death, {Give street and Number.} No 8 Fort Ave. near Towson st Locust point

Cause of Death, First (Primary), Suppurative Phlebitis

Second (Immediate), Septicaemia (12 days after conf.)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 24

L O Winternitz M. D.
Medical Attendant.

Undertaker P. Healy

Place of Business, 82 West St *Address,* 125 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

19

Permit No. 79736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 21 18[illegible]

Date of Death, Nov. 22 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos. L. Granbery

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ga

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} No. 10 St. Paul

Cause of Death, First (Primary,) Hemorrhage caused by incision

Second (Immediate,) of radial & ulnar arts. Case of suicide

Duration of Last Sickness, About 10 minutes.

All the above information should be furnished by the Physician.

Place of Burial, Americus Ga

Date of Burial, Nov 23 - 84

Alexander Hill, *M. D.*
Medical Attendant.

Undertaker, D Emmy & Mitchell

Place of Business, 536 N Paca St

Address Coroner Anth Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of [illegible]

Health Department, City of Baltimore.

Permit No. 79737 *Office of Registrar of Vital Statistics.* Ward 5 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 2[illegible]

CERTIFICATE OF DEATH.

Date of Death, Saturday Nov. 22nd 84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Cullen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 35 Years.

Place of Death, {Give Street and Number.} 123 Canon St.

Cause of Death, First (Primary), Haemoptysis.

Second (Immediate),

Duration of Last Sickness, few minutes.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 25th 1884

Undertaker, Henry W. Mears

Place of Business, #45 N. Gay St

Wilmer Trimble M. D.
Medical Attendant.

Address, Forest Place & Raw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79738 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant unnamed, Parents names William F. & Mary Mc Donald.

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 5 Minutes *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } No 223 Gough st, (1st Ward)

Cause of Death, First (Primary), Premature Birth, Foetus six months,

Second (Immediate), Lived about 5 minutes after delivery,

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, St. Patrick

Date of Burial, Nov 25th 1884

Undertaker M. Clark & Son

Place of Business, 92 O. Dan *Address,* 235 Gough st.

A. T. Clarke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 19739 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 24 1884

Date of Death, Nov. 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Naomi Davis

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 9 *Months,* *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 11 E. Pratt St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 24th

Geo. D. Dennison M. D.
Medical Attendant.

Undertaker W. Frantz

Place of Business, 35 Bank St *Address,* 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79740 *Office of Registrar of Vital Statistics.* Ward 84

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 24 1884

Date of Death, 23 Nov. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} not named
Parents names

Sex, Male or Female, {Cross out the word not required in this line.} Geo. R. & Sarah E. Chase

Age, 0 *Years,* 0 *Months.* 2½ *Days*

Color, wht

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 17 W. Federal near Cathedral Balt

Duration of Residence in the City of Baltimore, 2½ days

Place of Death, {Give Street and Number.} 17 W Federal St near Cathedral

Cause of Death,
First (Primary), Premature Birth 6½ mo.
Second (Immediate),

Duration of Last Sickness, 2½ days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 24/84

Undertaker, Chas. T. Levin

Place of Business, 27 N. Eutaw St

G Lane Tanneyhill M. D.
Medical Attendant.
for midwife Mrs Leroby 369 Cathedral

Address, 319 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

(over)

Board of Health, City of Baltimore, 1884

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1884

CERTIFICATE OF DEATH.

Date of Death, 1884 Nov 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Lena Herrman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 2 years 2 mo

Place of Death, {Give street and number.} 74 Lemmon St

Cause of Death, First (Primary,) Diphtheria & Gangrene Tonsilaris

Second (Immediate,) Pulmonary paralysis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov. 24th

Undertaker, N. Miller

Place of Business, 86 N. Paca St.

Chas L. Larkin M. D.
Medical Attendant.

Address 204 N Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79742 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 22. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 51 ~~56~~ ? *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, I only saw this woman once, about

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland one year ago. She then had

Duration of Residence in the City of Baltimore, all her life Cause by the breast —

Place of Death, {Give Street and Number.} Boylston alley & Madison Suspect that I was the cause

Cause of Death, First (Primary), of death which is said to

Second (Immediate), have occured yesterday — I

Duration of Last Sickness, know nothing more than this

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 23d 1884

Undertaker, J E Hough & Co

Place of Business, 320 Penn a Ave

about her

L E Atkinson M. D.

Medical Attendant.

Address, 19 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 19743 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BUREAU DEPARTMENT OF HEALTH NOV 21 1884 BALTIMORE MD.

Date of Death, Nov. 23, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mrs. Earee

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *Years,* 3 *Months,* *Days.*

Color, Blk

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, 3 mo,

Place of Death, { Give street and number. } 2 Upton St.

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, Several mths

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 24 1884

Undertaker, H Pabst

Place of Business, 95 Eastern Ave

W Gray Smith M. D.,
Medical Attendant.

Address, 229 Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79744 *Office of Registrar of Vital Statistics.* Ward 5 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cassidy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about thirty years

Place of Death, {Give Street and Number.} No 21 Mulliken St

Cause of Death, First (Primary), Nervous derangement

Second (Immediate), Congestion of the brain

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 25/1884

Undertaker, Jas O'Byrne

Place of Business, 110 E Gay

Milton J. Taylor M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79745 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia May Lloyd

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 157 S. Washington St;

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cemetery

Date of Burial, Novem 25th 1884

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

R. W. Mansfield M. D
Medical Attendant.

Address, 52 S B Woodmen

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Health Department, City of Baltimore.

Permit No. 79746 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Kuhlert

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* 7 *Months,* 14 *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give Street and Number.} 132 Fulton av

Cause of Death, First (Primary), Hepatic Abscess

Second (Immediate), Prostration

Duration of Last Sickness, 11 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 25th

Undertaker, Andrew Kuhle

Place of Business, 45 Lemmon ave

C. S. Buddenbohm M. D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79747 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 22/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fmz Dora Aurich

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* 5 *Months,* 18 *Days,*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Merchandizing —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, about 33 yrs —

Place of Death, {Give street and Number.} 929 W. Pratt St

Cause of Death,
First (Primary), Typho-malarial fever and Lobular Pneumonia
Second (Immediate), Asthenia —

Duration of Last Sickness, about 1 wk —

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Nov. 24, 84

Undertaker J. B. Cook

Place of Business, 707 W. Balto *Address,* 642 W. Fayette St

C. C. McDowell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the ... Rules,

Health Department, City of Baltimore.

Permit No. 79748 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalia & Rivers

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Fem

Age, 8 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give Street and Number.} 23 Shakespeare

Cause of Death, First (Primary), ...

Second (Immediate), Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 24th 84

Undertaker, F. Ewald & Co

Place of Business, ~~—~~

James A Lewis M. D.

~~Medical Attendant.~~

Chas Plummer

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of [illegible]

Health Department, City of Baltimore.

Permit No. 79749 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura A. Johnson

Sex. ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* 5 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 232 E. Madison St

Cause of Death, First (Primary), Indigestion

Second (Immediate), Cerebral Hemmorrhage. Paralysis

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 25th 1882

Undertaker, John Fake

Place of Business, 166 E. Balto St

Edward P. McDevitt M. D.
Medical Attendant.

Address, 54 Augusta Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases.

Board of Health, City of Baltimore,

Permit No. 79750 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Janet Gordon Goodwin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* 9 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Fredericksburg Va

Duration of Residence in the City of Baltimore, about 50 years

Place of Death, {Give street and number.} 121 N Caroll st

Cause of death, First, (Primary,) Senile decay

Second, (Immediate,) Paralysis

Duration of Last Sickness, Gradual Sinking for years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 26th 84

Undertaker, Hufnagle & Sons

Place of Business, Park & Saratoga sts

C Winslow M. D.,
Medical Attendant.

Address, 23 N Caroll

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79757 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis. Yonng. Jull

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single,~~ ~~Widow or~~ Widower, {Cross out the word not required in this line.} —

Occupation Ship. Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 22 years

Place of Death. {Give street and Number.} 387 Light St

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Phthisis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 26th

Undertaker H. N. Troll

Place of Business, 131 Hanover St *Address,* 35 Warren Ave

J. B. Noble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rem... below, and to List of Physicians on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79752 — *Office of Registrar of Vital Statistics.* — Ward 13 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, 24 November 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johann Neibergall

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 75 Years, — Months, — Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give Street and Number.} German Home for the aged Lombard Street corner Penn Street

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, November 26th

Undertaker, Chr Bartell

Place of Business, 3 N Frederick St

L F Reinhard M. D.
Medical Attendant.

Address, 205 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the du... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furn... within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth... far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, ... the cause and date of death.

[ov...

The Special Attention of Physicians is Respect

Board of Health, City of Baltimore.

Permit No. 19753 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Verna J. Duncan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 13 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 743 W. Baltimore St.

Cause of Death,
First (Primary), Pulmonary Hemorrhage
Second (Immediate), Marasmus - Exhaustion
5 Weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 25th 1884

Chas. L. Knox M. D.
Medical Attendant.

Undertaker S. M. Leonard & Son

Place of Business, 782 W. Baltimore *Address* 273 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respec[illegible]

Health Department, City of Baltimore.

Permit No. 79754 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Gittens

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 17 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 102 N. Carolina St

Cause of Death, First (Primary), Congestion of the Brain

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Nov 26/84

Undertaker, Fry & Bro

Place of Business, Broadway *Address,* 137 [illegible]

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Perm

The Special Attention of Physicians is Respect[illegible] of this Certificate

Board of Health, City of Baltimore.

Permit No. 79755 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Murray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 216 Light st

Cause of Death, First (Primary), Burns

Second (Immediate), Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Nov 26th 1884

Undertaker E. F. Krauss & Son

Place of Business, 209 Hanover *Address,* [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 79756 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11-25-84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A Foster

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* 10 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 239 E Pleasant St

Cause of Death, First (Primary), old age

Second (Immediate), Apoplexia - 3 days

Duration of Last Sickness,

All the above information should be furnished by the ~~Physician~~.

Place of Burial, Met Olivet

Date of Burial, Nov 27th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw *Address,* 76 Pleasant

D. H. Haney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 79757 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 24, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie B. Lester

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 15 Months, Days

Color, W.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltr. City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} Cor. Broadway & Chase

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, about 20 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov 26 1884

Undertaker, John W Jackson

Place of Business,

S. W. White, M. D.
Medical Attendant.

Address, 247 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Ward 12

Permit No. 79758 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. C. Ford

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 367 N Caroline St.

Cause of Death, First (Primary), Decline of Physical Powers

Second (Immediate), Senile Enlarged Prostate Gland

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 25 1884

Undertaker, John W Jackson

Place of Business,

John E. Lemmon M. D.
Medical Attendant.

Address, 81 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

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Permit No. 79759

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas M. Douglass

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~F~~ 70 *Years,* 3 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number} 588, W. Lombard st

Cause of Death, First, (Primary.) old age

Second, (Immediate,) asthenia

Duration of last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Nov. 25/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 47 Edmondson Ave.

Jas. E. Gibbons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 79760 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Catharine Stahlman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* 8 *Months,* 16 *Days,*

~~*Color,*~~

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 12 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 9 Furrow St

Cause of Death, First (Primary), Acute indigestion — superinducing

Second (Immediate), Eclampsia (subject to epileptiform convulsions aggravated or induced by improper feeding)

Duration of Last Sickness, About one hour

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 25th 1884

Undertaker Jos B Leach

Place of Business No 707 N Gay St Address, 642 W Fayette St

C. C. McDowell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 7976 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24, 84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Wagner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months.* — *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 month.

Place of Death, {Give Street and Number.} 8 Wilhelm St.

Cause of Death, First (Primary), Symptomatic Asthma

Second (Immediate), Suffocation

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov. 26/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balt. *Address,* 837 N. Paca St.

L. Rhiden M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7776 *Office of Registrar of Vital Statistics.* Ward 15 2/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Bromwell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 50 Hanover St

Cause of Death, First (Primary),

Second (Immediate), Insanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 2[illegible]

Undertaker, B. Hauk

Place of Business, 82 West St.

Edmond Boyle M. D.
Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 79763 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 24 '87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rudolph C. Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 107 Sarah Ann st.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 107 Sarah Ann st.

Cause of Death, First (Primary), Catarrh of Lungs

Second (Immediate), Exhaustion

Duration of Last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathias burial

Date of Burial, Nov 25th

Undertaker, Andrew Rohde

Place of Business, 45 Penna ave

Wm A Jones M. D.

~~Medical Attendant.~~ Coroner

Address, 326 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 79764 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 25 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo R Evans

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~ ✓

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 202 Saratoga St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Congestion of the brain

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, November 25th 84

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St.

WM K Hamer M. D.,
Medical Attendant.

Address, Lafayette and Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore. 14

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday November 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas J. Farrell

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No. 7 Carlton St.

Cause of Death First, (Primary.) Phthisis (Pulmonary.)

Second, (Immediate.) Exhaustion

Duration of last Sickness, About six months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, November 26th /94

Undertaker, J Matthew Cadogan

Place of Business, 22 Bridges St

Charles Gely, M. D.
Medical Attendant.

Address, 579 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 79766 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 25 1884

CERTIFICATE OF DEATH.

Date of Death, Nov. 25- 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James McManus

~~*Sex, Male or Female.*~~ { Cross out the word not required in this line. }

Age, —— *Years,* —— *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Fulton & Front St. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } Fulton & Front St.

Cause of Death { First (Primary), Collapse of Lung?

Second (Immediate),

Duration of Last Sickness 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 26/84

{ *Undertaker* John T. McManus

{ *Place of Business,* Fulton & Front Address, 753 Eutaw Ave

Robinson M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79767 *Office of Registrar of Vital Statistics.* Ward 17 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 25 1884

CERTIFICATE OF DEATH.

Date of Death, November 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Eugene Sparks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 1 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 281 Patapsco av

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemt

Date of Burial, November 26

Undertaker, B. Hardy

Place of Business, 52 West St

Oct A Cooke M. D.
Medical Attendant.

Address, 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 79768 *Office of Registrar of Vital Statistics.* Ward 14 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22 / 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Moses Cole

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 60 *Years,* ——— *Months,* ——— *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Brickmaker & Planter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Anne Arundel Co.

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and Number. } 32 Mayon Alley

Cause of Death, First, (Primary,) Lung Cake

Second, (Immediate,) Acute Abscess

Duration of Last Sickness, About Six Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Hope Cemetery

Date of Burial, Nov. 25th 1884

Undertaker, Wm H Dinges

Place of Business, 1062 East St

A. A. Layton M. D.,
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...e the remarks ... ...k of this Certificate.

Board of Health, City of Baltimore,

4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22 d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannie Davis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* 7 *Months,* *Days.*

Color, Colrd *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number.} No 1 Mechanic court

Cause of Death, First (Primary,)

Second (Immediate,) consumptn

Duration of Last Sickness, dont know, Attended 1 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 25th 1884

Undertaker, Wm M. Duggan

Place of Business, No 63 East st

Richd Sappington M. D.
Medical Attendant.

Address 132 W Lay 81

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ...ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...ed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 79770 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franz Janofski

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give Street and Number.} 3 Prestman's Court S. Caroline St

Cause of Death, First (Primary), Croup (Diphteritic)

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cat Johns Cemetery

Date of Burial, 26 November 1884

Undertaker, Frank Everds & Co

Place of Business, 214 S Amon Str

John H. Rehburger M. D.
Medical Attendant.

Address, 2443 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7977 / *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Swift

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 5 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No. 167 E. Dallas St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness One Day

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Nov 26-84

Undertaker, Adam Austerman

Place of Business, 86 Bank St. *Address,*

N. Goldsborough, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Permit ... No. 19772

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 19772 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11-24-84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Banks

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 7 1/2 *Years,* ——— *Months,* 1 *Days,*

Color, cl

Married, ~~Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation Drayman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Howard Co. Md. 30 Years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 28 Christian St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Confined to bed 9 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 26

Undertaker Hercules S. Ross

Place of Business, 425 Conway St

W. W. Eastman M. D.
Medical Attendant.

Address, 349 Lund

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Off[illegible] issued, Saturd[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79773 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1884

CERTIFICATE OF DEATH.

Date of Death, November 25 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Mannion

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Supposed 28 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Not Known

Occupation, Waterman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give Street and Number.} Millers Wharf foot of Leakin

Cause of Death, First (Primary), Accidental Drowned

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Nov 26th 84

Undertaker, Geo. Ridgely

Place of Business, Forest Place *Address,* 17 Aisquith St

Medical Attendant Coroner M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79774 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1884

CERTIFICATE OF DEATH.

Date of Death, November 25th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Rivers

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, 54 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, Not known

Place of Death, {Give Street and Number.} 88 E. Spring St

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 12. months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem

Date of Burial, Nov 26 th

Undertaker, W. C. Dippel

Place of Business, 131 S Bond St *Address,* 128 Eden Bond St

J. Hall Pleasants M. D.

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

full name sex age and condition whether

Permits for Burial at the Office [illegible]

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 19

Permit No. 79775

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeline Linvall.

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color,

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annapolis. Md.

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give street and number} 226 N. Mount St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,)

Duration of last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 26 th 1884

Undertaker, John R. McElroy

Place of Business, 22 W. Fayette St

James L. Smallwood, M. D.
Medical Attendant.

Address, 810 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79776 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Donahoe

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 46 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 28 Harford ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Hemmorhage

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemet.

Date of Burial, Nov 27 1884

Undertaker, Jno O Byrne

Place of Business, 63 Irvine

Geo B Raymond M. D.
Medical Attendant.

Address, 171 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7977 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Nov 23. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Drane

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 245 N. Amn St.

Cause of Death, First (Primary), Phthisis

Second (Immediate), ~~One~~ Exhaustion

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 25th 84

Undertaker, H. C. Middlefield

Place of Business, 90 Greenmount Ave

Wilmer Brinton M. D.
Medical Attendant.

Address, Forest Place r Charles

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79778 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED NOV 26 1884

CERTIFICATE OF DEATH.

Date of Death, November 25 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Schammel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Fem

Age, 3 *Years,* 3 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} S

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} # 181 South Ann St

Cause of Death, First (Primary), Diptheritis

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenlawn Cemetery

Date of Burial, Nov 26 1884

Undertaker Fred Gaede

Place of Business, 29 S. Caroline St

I. E. Benzine M. D.
Medical Attendant.

Address, Broadway South St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1111

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79779 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May Josepha Hornick

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nov 26th 1884

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Wirtemberg

Duration of Residence in the City of Baltimore, about 50 years

Place of Death, {Give street and Number.} 195 Preston

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov 27/84

C. Winslow M. D.,

Medical Attendant.

Undertaker, Chas. A. Bernie

Place of Business, 271 N. Eutaw Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 1 1 1

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79780 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, November 23 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Lyons

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland 35 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 26 S Front St.

Cause of Death, First (Primary), Old age

Second (Immediate), Pulmonary Congestion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 26 1884

Undertaker, James P Byrne

Place of Business, No 63 h Fun 19 *Address,* 15 Exeter

F. Gilmyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 111

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79781 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L M. Craig

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 111 N. Caroline St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 8 Days.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 27/84

Undertaker, Guy & Son

Place of Business, 57 N Broadway *Address,* 137 Caroline St

..... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 79782 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 26: 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Thelen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 81 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ×××

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carrol County

Duration of Residence in the City of Baltimore, Seventy Eight years

Place of Death, {Give Street and Number.} 273 E Lombard

Cause of Death, First (Primary), Old age

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Nov 30 1884

Undertaker, Thos O'Neill

Place of Business, 81 N Broadway

Thomas E Smith M. D.
Medical Attendant.

Address, 99 E Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 79783 *Office of Registrar of Vital Statistics.* Ward 12/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 26 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily Prescott

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ~~—~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md Infirmary

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Nursery & Childs Hospital

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Inanition 1/

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 26

Undertaker, Geo. H. Kidd

Place of Business, 201 Pine St

Thos S Latimer M. D.,
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore.

Permit No. 79784 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 25. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Nash

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 1107 N. Central Ave.

Cause of Death, First (Primary), Strangulated Femoral hernia

Second (Immediate), Peritonitis

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial Green Mt. Cem.

Date of Burial, Nov. 27. 1884

Undertaker Wm. H. Lockman

Place of Business 234 N. Gay

Geo. A. Norman M. D.
Medical Attendant.

Address, # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 79785 *Office of Registrar of Vital Statistics.* Ward 15 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Elisabeth v. der Linden 25th of November 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 52 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, boarding house keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Capel . Germany

Duration of Residence in the City of Baltimore, 27 Sharp Street

Place of Death, {Give Street and Number.} 28 years

Cause of Death, First (Primary), Causes of the liver

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 27 Sharp Street

Undertaker, G. Leimbach

Place of Business, 389 W Pratt St

H. F. Barnhard M. D.
Medical Attendant.

Address, 205 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 79786 *Office of Registrar of Vital Statistics.* Ward 91

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1884

CERTIFICATE OF DEATH.

Date of Death, Nov. 24 '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harris Claudius

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 35 *Years,* — *Months,* — *Days*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Dont Know

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give Street and Number.} cor. Liberty & Garrett st

Cause of Death, First (Primary), Died Suddenly on the Street

Second (Immediate), of Apoplexy

Duration of Last Sickness, about 2 minutes

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 26th 1884

Undertaker, Wm M. Dunger

Place of Business, 116 East-st

W=A James M. D.

Coroner ~~Medical Attendant~~.

Address, 326 Hallin st city

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 79787 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kunkle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 18 *Years,* 6 *Months,* 25 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Musician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 215. Eastern Ave

Cause of Death, First (Primary), Peritonitis

Second (Immediate),

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 27 1884

Undertaker, H. C. Sanderson

Place of Business, 252 Canton Av *Address,* 22 Jackson Place

Thomas B. Evans, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 79788 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE
NOV 26 1884
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Briggs

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Public Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and Number.} 30 Parish Alley

Cause of Death, First, (Primary.) Rheumatism

Second, (Immediate.) Valvular disease of heart

Duration of Last Sickness, 3 1/2 Years

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, Nov 26th 1884

Undertaker, Wm. N. Driggs

Place of Business, 1062 East St

J. C. Shriver M. D.,
Medical Attendant.

Address, 241 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3481 Transit

for Burials to the Office where issued Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 19789 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah F. Murray

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 20 *Days*

Color, ed

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 7 Harpur Street

Cause of Death, First (Primary), —

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Shiloh St. Cemetery

Date of Burial, Nov 29/84

Undertaker, W. J. & Gray

Place of Business, Mulberry St

James A Clem M. D.

~~Medical Attendant~~

Address, Lexington & Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Sanitary Inspector Geo E Brown

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 20th

Permit No. 77790

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED NOV 26 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie N. Pence

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* 8 *Months,* ..... *Days,*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 683 Lancaster St.

Cause of Death, First (Primary), ...

Second (Immediate) Cancer of Breast

Duration of Last Sickness, One year,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 27/84

Undertaker W Weaver

Place of Business, 202 N. Eutaw

J G Miller M. D.
Medical Attendant.

Address, 188 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore.

Permit No. 79791 *Office of Registrar of Vital Statistics.* Ward 10th 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza A. Damman,

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 29 *Years,* *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~ { Cross out the word not required in this line. } Wife of F. Louis A. Damman.

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City,

Duration of Residence in the City of Baltimore, all her life.

Place of Death, { Give street and Number. } 54 N. Belmont Ave.

Cause of Death, First (Primary), Asthma, 4

Second (Immediate), Organic Valvular Disease of Heart, 4 Months,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Nov 28th 84

Undertaker F. Louis Schaefer

Place of Business, Fremont St

John J. R. Stokes M. D.
Medical Attendant.

Address 273 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 79792 *Office of Registrar of Vital Statistics.* Ward 21 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Jolly

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 10 *Months,* *Days*

Color, Colored

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Oyster Shucker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} Oyster house Cor of Canton Ave & Boston St

Cause of Death, First (Primary), Valvular disease of heart

Second (Immediate),

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 27 1884

Undertaker, J Jacobs

Place of Business, 498 E Fayette St *Address,* 18 Augusta Ave

E Hall Pullen M. D.
~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the ~~Vital Statistics~~ in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (~~whether married or single~~) of the person deceased, and the cause and date of death.

[OVER.]

No. 1[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C[illegible]

Health Department, City of Baltimore.

Permit No. 79793 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BUREAU OF VITAL STATISTICS NOV 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 26 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. H. Gillmand

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* ..... *Months.* ..... *Days*

Color, W.

~~*Married,*~~ ~~*Single,*~~ ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.} Widower

Occupation, Agent

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give Street and Number.} 601 W. Fayette St

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), ...

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Burnswick N. J.

Date of Burial, Nov 27th 1884

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette st

L. L. Sitting M. D.
Medical Attendant.

Address, 467 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 25794 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucretia Rose

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 78 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Z Plume md

Duration of Residence in the City of Baltimore, 15 Yrs

Place of Death, {Give Street and Number.} 166 W Fayette st

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, 74 Hrs

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 27th 1884

Undertaker, D Emmy & Mitchell

Place of Business, 50 & 52 W Fayette st *Address,* 23 E Lexington

Wallace M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 75798 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26/04

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Whelan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 146 N Amity st

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 27th November

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry *Address,* 387 W Lombard

J. L. Shrier *M. D.*
Medical Attendant.

Extract from Regulaticns of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 79796 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 25th 1884 9.45 a.m

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Monroe Washington

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 19 *Years,* *Months.* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 wks

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, Nov 27th /84

Undertaker, Geo. Rheinhardt

Place of Business, Forest Place *Address,* W. Mar & Hop Sts

Walter A. Gray M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 79797 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 25 / 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Forender

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 36 *Years,* 3 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Book-Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 139 John St

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Anaemia

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov. 28th 1884

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga sts

A. J. Lintz M. D.,
Medical Attendant.

Address, 178 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 79798 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Bennett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months.* *Days,*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 141 East Pratt st

Cause of Death, First (Primary),

Second (Immediate) Diptheritis

Duration of Last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, November 27th

Jno A Benzine M. D.
Medical Attendant.

Undertaker Fred Goede

Place of Business, 29 S. Caroline *Address,* Gay & Pratt sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 79799 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 25th November 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie R. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 258. Montgomery St.

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 27 1884

Undertaker, Geo. Watkins

Place of Business, 221 Hanover *Address,* 1146. Hill St.

L. A. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 79800 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Martin

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* ——— *Months,* ——— *Days*

Color, Wh

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give Street and Number.} 54 Gilmor

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Exhaustion

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, November 27

Undertaker, Merrill Lipp & Co

Place of Business, ——— *Address,* 245 S. Burrows

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 79801 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 26th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Gannett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 17 *Months.* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 207 S Canton Avenue

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmell

Date of Burial, November 27

Undertaker, H Digel

Place of Business,

T. L. Duttrell Jr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 79802 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 25th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nannie Rollins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Eighty-five *Years,* ..... *Months,* ..... *Days*

Color, Black

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md.

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give Street and Number.} 95 St. Indrys St.

Cause of Death, First (Primary), Asthma

Second (Immediate), Burned

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Hill Frederick Co

Date of Burial, Nov 27 1884

Undertaker, Alb. Hemsley

Place of Business, ...

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 79803 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Frazier

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days,*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 73 N Broadway

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, November 28th 1884

Undertaker Sprenkle & Oertel

Place of Business, 210 E Baltimore St

Wm. L. Russell M. D.
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 79804 *Office of Registrar of Vital Statistics.* Ward 12 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanz G. A. Block

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months.* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bremen

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give Street and Number.} N. 476 Druid Hill Ave

Cause of Death, First (Primary), Pulmonary Phtisis

Second (Immediate), the same

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cy

Date of Burial, Nov. 29th 1884

Undertaker, [illegible]

Place of Business, [illegible]

Henry Salzer M. D.
Medical Attendant.

Address, 169 N. Cha[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Permits for D

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George W Norris

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 76 *Years,* three days ~~*Months,*~~ ~~*Days.*~~

Color, White *Sex,* male

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. } married

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Clark Co Va

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, { Give street and number. } 32 Mc Culloh st

Cause of Death, { First (Primary,) Apoplexy / Second (Immediate,) Paralysis

Duration of Last Sickness, Three hours

All the above information should be furnished by the Physician.

Place of Burial, Garrison Forest Baltimore Md

Date of Burial, Nov 28th 1884

Medical Attendant. Jas Stewart M. D.

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

Address 35 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 27

CERTIFICATE OF DEATH.

Date of Death, Nov. 26 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethel Wilson Egerton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 1 *Months,* 26 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 345 Linden Ave —

Cause of Death, First (Primary,) Gastro-Enteritis —

Second (Immediate,)

Duration of Last Sickness, 4 days —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy C. T. Bruns, M. D.

Date of Burial, Nov 28th 1884 Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 86 Park Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 7980 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26" 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ira. Gilmor.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 24 *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 5. H. Alley.

Cause of Death, First (Primary), Cold

Second (Immediate), Spasms.

Duration of Last Sickness, 3 da.

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cem.

Date of Burial, Nov 27=1884

Undertaker, T. J. Locks.

Place of Business,

James H Steuart M. D.
Medical Attendant.

Comm" of Health & Registrar
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Fanding - Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 79808 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Dec~~ nov 26 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Phul

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months.* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore. all his life

Place of Death, {Give Street and Number.} 15 Perry st

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, western Cemetery

Date of Burial, Nov 27

Undertaker, H Brickenstein

Place of Business, Henrietta 81

Edward Lee Ste M. D.
Medical Attendant.

Address, 141 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back o

Health Department, City of Baltimore.

Permit No. 79809 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 28 1884

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William B. Hollingsworth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md.

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} 62 McCulloh St.

Cause of Death, First (Primary), Locomotor Ataxia.

Second (Immediate), Nervous Exhaustion

Duration of Last Sickness, At least 8 years –

All the above information should be furnished by the Physician.

Place of Burial, Carroll Co. Md. by pike

Date of Burial, Nov. 29th 1884

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts. Office 262 Mad. Ave

Aldridge C. Price, M. D.
Medical Attendant.
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3484 Transit

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 79810

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. NOV 28 188... BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 27 — "84. —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. C. Heilmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 — *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Saloon-keeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 yrs.

Place of Death, {Give street and number.} No. 260 N. Central Ave. —

Cause of Death, First, (Primary.) Cerebral Congestion

Second, (Immediate.)

Duration of Last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ch

Date of Burial, Nov 29 — 1884

Undertaker, Henry Hoeck

Place of Business, 309 N Central Ave *Address,* Coroner Cent. Dist.

Alexander Hill, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 7984 *Office of Registrar of Vital Statistics.* Ward 8 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E Whelan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 5 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, XXX

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 16 Creighton St.

Cause of Death, First (Primary), Catarrhal Fever

Second (Immediate),

Duration of Last Sickness, Several Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 28th

Undertaker, H. C. Wiedefeld

Place of Business, 9a Guenimant ave

James E. Donnelly M. D.
Medical Attendant.

Address, 99 E. Fait St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of

Board of Health, City of Baltimore.

Permit No. 79812 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

REGISTERED
NOV 26 1884
CITY REGISTRAR
BALTIMORE MD

Date of Death, Nov. 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Nitty

Sex, ~~*Male,*~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 17 *Days.*

Color, W^te

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt^re City

Duration of Residence in the City of Baltimore, Life time

Place of Death. {Give street and Number.} 39^th Dallas St

Cause of Death, First (Primary), Pneumonitis

Second (Immediate), Apnoea

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 28 of November 1884

Undertaker Henry Hofmann

Place of Business, 23 S. Eden St

S. D. Litton M. D.
Medical Attendant.

Address, 5-1 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 79813 *Office of Registrar of Vital Statistics.* Ward 12 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Feeley

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Drayman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 80 Dolphin St.

Cause of Death. First (Primary), Rheumatism Cardiac disease

Second (Immediate), Age & general feebleness about four months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Nov 29/84

Chas. O'Donovan M. D.
Medical Attendant.

Undertaker Chas. T. Devine

Place of Business, 271 N. Eutaw Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

No. [illegible]

Board of Health, City of Baltimore.

Permit No. 7981 — *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Taeuber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 40 yrs

Place of Death, {Give street and Number.} 155 N Wolf St.

Cause of Death. First (Primary), Old Age

Second (Immediate), Bronchitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov 29th 84

Undertaker G. France

Place of Business, France & Wolfe

J. Helleberg M. D.
Medical Attendant.

Address, 344 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 79815 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 28 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Lohr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 14 *Years,* 8 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 138 E Lombard

Cause of Death, First (Primary), Congestion of the Brain

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Athanasius Cem

Date of Burial, Nov. 28th 84

Undertaker, G. France

Place of Business, Bank & Wolfe St *Address,*

W. H. Hall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 79816 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 28 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 27th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Mc Donough

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give street and Number. } No 143 S. Charles st (1st floor)

Cause of Death, First (Primary).

Second (Immediate) Typhoid Fever.

Duration of Last Sickness, 18 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 29th 1884

A. T. Clarke M. D.
Medical Attendant.

Undertaker M. Kelly & Son

Place of Business, 92 S. Am *Address,* 237 Gough st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 79817 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Hortense Fahey

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 408 Durham St Georgetown

Cause of Death, First (Primary),

Second (Immediate),

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Schwartzes Lutheran Cemetery Belair Road

Date of Burial, Nov 28th

Undertaker, Geo Schilling

Place of Business,

J J Hines M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 11

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 79818 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY
NOV 28 1884
REMD

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Turner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months.* 04 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 8 Wayne St

Cause of Death, First (Primary), Hereditary Syphilis

Second (Immediate), Marasmus

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Nov 28 1884

Undertaker, Geo Kirkpatrick

Place of Business, 221 Hanover *Address,* 1708 Sharp St

H. Gould M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 79819 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Burns

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bartender

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Congestion of Lungs

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial. Govanstown Md

Date of Burial. Nov 28th 1884

R. B. Tarkington M. D.,
Medical Attendant.

Undertaker, Julius Koehler

Place of Business Sharp & Cross Sts *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore, 8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 28 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elijah Garrett

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, One *Years,* eleven *Months,* *Days.*

Color, Brown

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 15 Lyon Alley

Cause of Death { First, (Primary,) Tuberculosis / Second, (Immediate,) Asthenia

Duration of last Sickness, All his life

All the above information should be furnished by the Physician.

Place of Burial, ~~Mount Lebanon~~ Laurel Cem.

Date of Burial, Nov 28 - 84

Undertaker, Wm J Gray

Place of Business, 65 Mulberry

John Dickson M. D.
Medical Attendent.

Address, 26 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 79821 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Powell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* 3 *Months,* 28 *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Chatham, Columbia Co. New York

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 68 Bolton St.

Cause of Death, First (Primary), Cardiac, Valvular Insufficiency

Second (Immediate), General Passive Congestion in conjunction with Dysentery

Duration of Last Sickness, Some years. Fatal exacerbation with the Dysentery about 12 days

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, Nov 29th 1884

Undertaker, O'Donnell Weaver

Place of Business, No 202 N. Eutaw St. Address, 262 Mack. Ave.

Eldridge C. Price, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians ... Permits for Burial ... to the Remarks below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret L. Keller

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 59 *Years,* 8 *Months,* 23 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 146 W. Biddle St

Cause of Death {First, (Primary.) Paralysis, Paraplegia

{Second, (Immediate,)

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 29th 1884

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

J. P. Keller M. D.
Medical Attendant.

Address, 146 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permits for Burials to the Off... when issued. No. 1...

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas. Harris or Albert Hunter

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 35 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Don't Know

Occupation, Oyster Dredger

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Said to be Washington city

Duration of Residence in the City of Baltimore, Do not Know

Place of Death, { Give street and number. } Balto. City Jail

Cause of Death, { First (Primary,) Paralysis of brain

Second (Immediate,) ....

Duration of Last Sickness, But a short time

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Nov 28 1884

Undertaker, Geo Rinehart

Place of Business. Forest Place *Address* 279 W. Fayette St.

L. P. Hoffman M. D.
Per. G. N. Hoffman Jr.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 79824 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. NOV 28 1884 BALTIMORE MD.

Date of Death, Nov 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Blackstone

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *3 Months.* *Days*

Color, c.d

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Foundling

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 147 S. Caroline St.

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, E. Balt. Cemetery

Date of Burial, Nov 28th 1884

Undertaker, Geo Kinkaid

Place of Business, Forest Place *Address,* Camp & Pr

Thos A Clemens M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Inspector

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 79825 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 28 1884

CERTIFICATE OF DEATH.

Date of Death, Nov. 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth M. Ramstetter

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 15 Fayette St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), "

Duration of Last Sickness, — —

All the above information should be furnished by the Physician.

Place of Burial, W. Pres. Cem.

Date of Burial, Nov 28 1884

Undertaker, Fred A Kirchner

Place of Business, —

Ind. Bell M. D.

~~Medical Attendant.~~ Coroner 3d Dist.

Address, 161 E. Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 79826 *Office of Registrar of Vital Statistics.* Ward 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 23 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry H. Gaegel

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 9 *Years,* — *Months,* 1½ *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore Lifetime

Place of Death, { Give street and Number. } 389 W. Pratt St

Cause of Death, First (Primary), ~~Diphtheria~~ Cholera Infantum

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 24th 1884

Undertaker Geo. Limbach

Place of Business, 389 W. Pratt St *Address,* 379 W Pratt St

D E Stevenson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. See following Certificate [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 49826 *Office of Registrar of Vital Statistics.* Ward 13.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry F Gaegel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* — *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 387 W. Pratt St

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Nov 29th 1884

Undertaker, Geo. Leinbach

Place of Business, 389 W Pratt St

Thos A Glenn M. D.
Medical Attendant.

Comm'r of Health & Registrar
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E Dunning = Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 7827 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11-27-84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Warfield

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 5 *Years,* 10 *Months,* ——— *Days*

Color,

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Lad

Birth Place, {State or country, and how long in the United States, if of foreign birth.} A. A. Co Md

Duration of Residence in the City of Baltimore, 3 6 Years

Place of Death, {Give Street and Number.} 17 W Henry St

Cause of Death, First (Primary), ~~Dec~~ Hernia

Second (Immediate), Strangulated

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 29th 1884

Undertaker, John S Machen

Place of Business, No 150 Eastern Ave

C H Causey M. D.
Medical Attendant.

Address, 76 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 79828

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 28 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma W. Grupey.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 21 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White

Married, ~~Single~~, ~~Widow or~~ ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 708 N. Gilmor

Cause of Death, First, (Primary,) Consumption of the Lungs.

Second, (Immediate,) ~~~

Duration of last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 29th 1884

Undertaker, J. Emmy & Mulcahy

Place of Business, 536 W. Fayette St. *Address,* 215 N. Carrollton Ave

John D. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Burials, to the

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 79829 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 27 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Hayden

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 74 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. } V

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give street and Number. } City Hospital

Cause of Death, First, (Primary,) Senile Decay

Second, (Immediate,) Cystitis & Prostatitis

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 28 1884

Undertaker, Jas O Byrne

Place of Business, 634 Penna Ave

Wm P Clark M. D., Medical Attendant.

Address City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28 — "84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ewd. Roop

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co. Md.

Duration of Residence in the City of Baltimore, Only in B. about 5 hours.

Place of Death, {Give street and number.} Carrollton Hotel

Cause of Death, First (Primary,) Dilatation of heart

Second (Immediate,)

Duration of Last Sickness, Died instantly

All the above information should be furnished by the Physician.

Place of Burial, Carroll Co Md

Date of Burial, Nov 30th /84

Undertaker, John N McCoy

Place of Business, 77 W. Fayette St

Alexander Hill, M. D.
Medical Attendant.

Address Coroner Cent. Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

$4 88 Parcels

[over]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 79831 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th November 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lyons Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 5 Months, 6 Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 211 S. Howard St.

Cause of Death, First (Primary), Phthisis = Pulmonalis

Second (Immediate), Exhaustion.

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Nov 29 1884

Undertaker, H Pues

Place of Business, 15 E Pratt St

L. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 79832 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H Clayton

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Eight Years, Months, Days,

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 48 Clifford St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Nephritis

Duration of Last Sickness, From 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 29 1884

Undertaker, H Davis

Place of Business, 23 Eastern Ave

B. S. Phillips M. D.,
Medical Attendant.

Address, 311 Washington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 79833 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th November 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Annie M. Holmes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, House-work

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} 335 S. Howard St.

Cause of Death, First (Primary), Tubercular-Consumption

Second (Immediate), Hemorrhage

Duration of Last Sickness, 8. Months, Last confinement one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 29/1884

Undertaker, H Ford

Place of Business, [illegible]

J. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 79834 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E. Stewart

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 9 *Months,* 25 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 279 S Eutaw

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 29 1884

Undertaker, L. Ross

Place of Business, 15 Eutaw

Leonard Corkran M. D.
Medical Attendant

Address, 446 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 79835 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert King

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* 3 *Months,* 25 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Book Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset Co. Maryland

Duration of Residence in the City of Baltimore, A few days

Place of Death, {Give street and Number.} 160 North Calhoun st

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, November 29th 1884

Undertaker, Lemmy & Mitchell

Place of Business, 65 S Broadway

J Harvey Still M. D., Medical Attendant.

Address, For Calhoun & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 79836 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Evans

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset Co. Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} Home of Aged Mo Eckards Franklin & Fulton Ave

Cause of death, First, (Primary,) Cancer of Rectum

Second, (Immediate,) Erysipelas of Head & Face

Duration of Last Sickness, Two years or more.

All the above information should be furnished by the Physician.

Place of Burial, Not Carried by

Date of Burial, Nov 30th 1884

Undertaker, John S Mackey

Place of Business, 16 150 Eastern

John Sr T S M. D.,
Medical Attendant.

Address, 306 N Caroline Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases o...

Health Department, City of Baltimore.

Permit No. 79837 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 30 18...

CERTIFICATE OF DEATH.

Date of Death, Nov. 28 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. S. Quincy

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 78 *Years,* 11 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1734 Eutaw

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Albumin

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov. 30 - 1884

Undertaker, Wm Kendrican

Place of Business, 2344 Eq d.

H. A. Streett M. D.
Medical Attendant.

Address, 1434 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 79838

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26. 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 45 Carlton St

Cause of Death, First, (Primary.) Marasmus.

Second, (Immediate.)

Duration of last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Carrollton

Date of Burial, Nov 29, 1884

Undertaker, Chas H. Emmert

Place of Business,

Jno. F. King M. D.
Medical Attendant.

Address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 79839 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH NOV 29 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward P. Gibson,

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 2 weeks *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, { Give street and Number. } 530 Hanover St,

Cause of Death, { First (Primary), ... Second (Immediate), Inanition,

Duration of Last Sickness, 2 weeks,

All the above into matters should be furnished by the Physician.

Place of Burial New Cathedral

Date of Burial, Nov 29th 84

Undertaker C.F. Krauser Son

Place of Business, ... *Address,* 5 Franklin St

John Morris M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 79840 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 29 1884

CERTIFICATE OF DEATH.

Date of Death, Nov: 28? 1884 —

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lavinia Hopkins

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~

Age, 76 *Years,* *Months,* *Days,*

Color, W.

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Almost lifetime

Place of Death, { Give street and Number. } No 19 Franklin St.

Cause of Death, First (Primary), Apillary Bronchitis & Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, One week

the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec. 1st 1884

Undertaker Hall Jenkins Sons

Place of Business, Park & Saratoga Sts *Address,*

Christopher Johnston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 79841 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 29 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Brennan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Book Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} 87 Fratt ave

Cause of Death, First (Primary), Consumption

Second (Immediate), Hemorrhage

Duration of Last Sickness, 3 or 4 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 30 1884

Undertaker, John P Poulus

Place of Business, 66 Frederick Ave

W A Jones *M. D.*

~~Medical Attendant.~~

Address, 326 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 7984 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Moore

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No. 82 N. Durham

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Dallo County

Date of Burial, Nov 29 84

Undertaker, Fry & Zio

Place of Business 57 W Broadway

Wm. L. Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 79843 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 28 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Elizabeth Powell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seven (7) *Years,* Three (3) *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No 423 Eastern Avenue

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asthenia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial Nov 28/84

Undertaker Frey & Brother

Place of Business, 81 N. Broadway

Wm. H. Clendinen, M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

(Duplicate)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 79844 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Peary

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Carman at B. & O. R. R.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, Fifty two years

Place of Death, {Give Street and Number.} 256 Columbia Ave.

Cause of Death, First (Primary), Cancer of Larynx

Second (Immediate), Asphyxia

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Cannelton

Date of Burial, November 30th 84

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St.

G. G. Cook M. D.
Medical Attendant.

Address, Balt. & Paul. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 79845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29 — "84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Nelson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number} No. 625 Duncan Alley

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate,) —

Duration of last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, June 30 "84

Undertaker, H. Sander & Son

Place of Business, 252 Eastern Av

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 79846

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 29 1884

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Regus [redacted]

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* — *Months,* 15 *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ *or Widower,* {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 177½ S. Bethel st

Cause of Death, First, (Primary.) Malarial Fever

Second, (Immediate.) Debility

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Conn

Date of Burial, Decber 1st 1884

Undertaker, H. C. Sandert Son

Place of Business, 357 Caxton Al

Jas. E. Gibbons M.D.,
Medical Attendant.

Address, 47 Edmondson av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 79847 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1884

CERTIFICATE OF DEATH.

Date of Death, November 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Marsden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 9 *Months,* 5 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Carpenter & Stair builder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 53-60 years

Place of Death, {Give Street and Number.} 8 George St.

Cause of Death, First (Primary), Acute upon chronic cystitis -

Second (Immediate), Hemorrhage from bladder

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Dec 1st 1884

Undertaker, F. Louis Schaefer

Place of Business, 109 N Fremont

H. O. Aldrich M. D.
Medical Attendant.

Address, 53 No. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. the 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harvey L. Byrd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty four *Years,* Three *Months,* 21 *Days.*

Color, White *Sex,* male

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} V

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Salem South Carolina

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 127-N Arlington Ave Baltimore

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov the 30th

Undertaker, John Andrew

Place of Business, Baltimore Att E-Druid hill ave

G. A. Halsted Boyland M. D.
Per O. L. W. M.
Medical Attendant.

Address Cor St Paul & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 79849 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Blanche Scrivner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation House Keeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co - Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} 106 Preston St

Cause of Death, First (Primary), Consumption

Second (Immediate), Asthenia.

Duration of Last Sickness, Six Months

the above information should be furnished by the Physician.

Place of Burial, Cathedral cemetery

Date of Burial, Nov 30th

Undertaker Morgan & Pye

Place of Business, Mulberry st *Address,* 47 Edmondson Ave

Jas. E. Gibbons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 79850 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29/84 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary -

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* ——— *Days*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give Street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 30/84.

Undertaker, Frank McVey

Place of Business, Dixon & Inman

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem Av. Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 19851

Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 29. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence A. Queen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, Days

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 38 King St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shurp St Cemet

Date of Burial, N. 1. 29 1884

Undertaker, H Kurz

Place of Business, 4 Lombard St

W. S. Bowe M. D.

Medical Attendant.

Address, 210 Shar St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordaincd,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 79852 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Ard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give Street and Number.} 318 N Gay Street

Cause of Death, First (Primary), Apoplexy Cerebral

Second (Immediate), Coma

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, ~~Nov~~ Dec 1st 1884

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

J. E. Shaw M. D.
Medical Attendant.

Address, S. E. Cor Eay & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 79853 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Gerwanhauser

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 114 E. Washington St.

Cause of Death, First (Primary), Hemoptysis

Second (Immediate), Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem

Date of Burial, Dec. 1st 1884

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

G. Glanville Rusk M. D.
Medical Attendant.

Address, 392 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19854 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma & John Dorsey Parents

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 17 *Days*

Color, c d

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 52 Morris Alley

Cause of Death, First (Primary), Cold

Second (Immediate), Croup

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Shasta St

Date of Burial, Nov 30/84

Undertaker, S W. Shaw

Place of Business, 198 S. Howard

J Adams Clemm M. D.

~~Medical Attendant.~~

Address, Cor 106, Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 1884

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Brown.

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 1 *Years,* 9 *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 1 yr. & 9 mos.

Place of Death, { Give street and number } #6 Gorsuch Alley. (Junior)

Cause of Death, First, (Primary,) Encephalitis.

Second, (Immediate,) Apnoea.

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Shank's

Date of Burial, Nov 30 1884

Undertaker, S. McChase

Place of Business, 198 Howard St

David Brown M. D.
Medical Attendant.

Address, #63 John St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 7981 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Wardley Tenney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, 24 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 535 Light St

Cause of Death, First (Primary), Congestion Brain & Spinal Cord

Second (Immediate),

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dec 1st

Undertaker, B. Harry

Place of Business, 92 W Pratt Address, 110 Fort Ave

Oct 9 weeks M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 79857 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Hensel

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days,*

Color,

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 134 McHenry St.

Cause of Death, First (Primary), Cold.

Second (Immediate), Typhoid fever.

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 1st 1884

Undertaker Geo. Leimbach

Place of Business, 389 West Pratt *Address,* 248 N. Lombard St

Edward R. Ward M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] Invited to the Remarks Below; [illegible] List of [illegible]

Board of Health, City of Baltimore,

Permit No. 19818 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Riley

~~Sex.~~ *Male* ~~or Female,~~ {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Harford Road

Cause of Death. First (Primary), [illegible]

Second (Immediate). Diphtheria

Duration of Last Sickness. 9 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Nov 30 1884

Undertaker James O Byrne

Place of Business, No 63 N Howard St *Address,*

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 19859 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry G. Courtney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 4 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Cor. Harford Ave. & Pt. Lane

Cause of Death, First (Primary), Heart disease

Second (Immediate), Journal dropsy

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Nov 30 1884

Undertaker James O Byrne

Place of Business, No 63 S Front St

Jno Brooke Boyle M. D.
Medical Attendant

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

Health Department, City of Baltimore.

Permit No. 1986 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Marsh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 Weeks *Days*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 8 Hamilton St

Cause of Death, First (Primary), ...

Second (Immediate), Croup

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 1/84

Undertaker, J. J. Andrews

Place of Business, 406 Druid Hill Ave

H. Mc Kewen M. D.

~~Medical Attendant~~

Address, Eutaw & Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H. Mc Kewen Sanitary Inspec.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer

Health Department, City of Baltimore.

Permit No. 79861 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 1 1884

Date of Death, Nov 30 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James O'Donnell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Balto~~ ~~N York~~ N. York

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give Street and Number.} 141 Camden St

Cause of Death,
First (Primary),
Second (Immediate), Gastro Enteritis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, Dec 1 1884

Undertaker, Martin Fahey

Place of Business, 128 W Lexington *Address,* 416 Hanover

Howard Otis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible] on Back of this

Board of Health, City of Baltimore.

Permit No. 79862 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 1 1884

Date of Death, Nov. 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Henry Stanfe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 5 Days,

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 56 Mc Henry St.

Cause of Death, First (Primary). Probably died with a convulsion. Child was teething. Seen Child on 21st inst when it was apparently in Good health with exception of slight Cold, do represented to have been quite well Yesterday and ouyed freely about 7 this morning about 11 O'clock when mother again looked

Second (Immediate).

Duration of Last Sickness, The 8th Child She found it a Corpse

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Dec 1st 1884

Undertaker John S Meaher

Place of Business, 150 Lombard St

H. W. Webner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79863 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 1 1884

Date of Death, November 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Dehn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Indian Territory

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and Number.} 556 Lexington St

Cause of Death, First, (Primary,) Miscarriage

Second, (Immediate,) Peritonitis

Duration of Last Sickness, About 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Publow Springs

Date of Burial, Howard Co

Undertaker, Dec 1/84

Place of Business, C. F. Raw 62½ W. Balt St

W. Rouchard M. D., Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3486 Town

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79864 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 1 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Tender

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* ..... *Months.* ..... *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore. during life time

Place of Death, {Give Street and Number.} 51 S. Dallas St.

Cause of Death, First (Primary), Haemoptysis

Second (Immediate), ?

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Shopers Cemetery

Date of Burial, Dec 1 1884

Undertaker, William Norris

Place of Business, #62 East St

R. W. Mansfield M. D.
Medical Attendant.

Address, 52 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 79865 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. DEC 1 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael O. German

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Janitor Broadway Institute

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 213 S. Ann Street

Cause of Death, First (Primary), Hepatitis — Jaundice

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Dec. 1, 1884

Undertaker, H. Saunders Son

Place of Business, 262 Caroline St. *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 19

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79866 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE DEC 1 1887

CERTIFICATE OF DEATH.

Date of Death, Nov 28 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ed H Cooke

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 31 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } ✓

Occupation, Sailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } St Georges Co. Md

~~Duration~~ of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } City Hospital

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, E. Pat Cemetery

Date of Burial, Nov 30 1887

Undertaker, Geo Rinehart

Place of Business,

J R Clark M. D.,
Medical Attendant.

Address, Cor Saratoga & Calvert Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 19

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore.

Permit No. 79867. *Office of Registrar of Vital Statistics.* Ward 1 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1 1884

CERTIFICATE OF DEATH.

Date of Death, Nov. 30 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Long

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* —— *Months,* —— *Days,*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 67 Yrs

Place of Death, {Give street and Number.} 323 E. Pratt St.

Cause of Death, First (Primary), Paralysis of Brain

Second (Immediate), " Death Resulted by a fall

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, December 2d 1884

Undertaker M A Sayer

Place of Business, 74 S. Broadway

E. P. Sues *M. D.*
Medical Attendant.

Address, 323 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer

Health Department, City of Baltimore.

Permit No. 19868 *Office of Registrar of Vital Statistics.* Ward 3 nr 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Martha A. Johnson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* ..... *Months.* ..... *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 295 E. Pratt St.

Cause of Death, First (Primary), Valvular Insufficiency

Second (Immediate), Anasarca Heart

Duration of Last Sickness, Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 2nd 1884 H. C. Luck M. D.

Medical Attendant.

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway *Address,* Balt. City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79869 *Office of Registrar of Vital Statistics.* Ward 6 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 29 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph H. Hentzler (Hetzler)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 185 Orleans St

Cause of Death, First (Primary), Congestion of the Brain

Second (Immediate), Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 2 84

Undertaker, Key & Ruff

Place of Business, 57 W Baltimore *Address,* 37 Orleans

Medical Attendant. *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 79

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79870 *Office of Registrar of Vital Statistics.* Ward 10 1/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1 1884

CERTIFICATE OF DEATH.

Date of Death, 30th Nov 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Alex, de Mangin

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 73 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Rentier — formerly grocer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bordeaux, France

Duration of Residence in the City of Baltimore, Since childhood

Place of Death, { Give street and Number. } 263 West Fayette St.

Cause of Death, First (Primary), Chronic disease of the Prostate gland

Second (Immediate), Uraemia

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, St Peters R C

Date of Burial, Dec 2nd

Undertaker Kelly Eyring & Kerr

Place of Business, Park & Saratoga

John Morris M. D.
Medical Attendant.

Address, 5 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 79871 *Office of Registrar of Vital Statistics.* Ward 9 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 30/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Williams Peter

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 14 *Days,*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 57 St Paul

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, 5 or 6 days

All the above information should be furnished by the Physician.

Place of Burial New Cathedral

Date of Burial, Dec 1st 1884

Undertaker Geo. Rinehart

Place of Business, Forest Place *Address,* 127 St Paul

Thos. J. Vance M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 79872 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 1 1884

CERTIFICATE OF DEATH.

Date of Death, November 30th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Scharlitzky

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 2 E Wash Balt Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} " "

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Tuberculosis.

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem't

Date of Burial, Dec 2nd 1884

Undertaker, M. L. Hann

Place of Business, 311 Aisquith

Louis K. Horn M. D.
Medical Attendant.

Address, Mulb. & Appleton av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 79873 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 1 1884
BALTIMORE MD

Date of Death, Nov 30/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Dorsey.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* 1 *Months,* *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single.

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 404 N. Stricker

Cause of Death, First (Primary), Bilious Malarial

Second (Immediate), Paralysis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cem.

Date of Burial, Dec 2d 1884

Undertaker J. H. Monahan

Place of Business, 320 Gemmar

Geo W. Norris M. D.
Medical Attendant.

Address, S. W. Co. Fulton & Stricker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 79874 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Bonnett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} # 190 S. Caroline St

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 1st

Undertaker, W. Hughes

Place of Business,

John H. Rehburger M. D.
Medical Attendant.

Address, 2433 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicia[illegible] is respectfully invited to the Remarks Below, and [illegible] List of Dis[illegible] each of th[illegible]

Board of Health, City of Baltimore,

Permit No. 79875 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 30 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F. Heidemen

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 48 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ~~Single, Widow or Widower~~ Married

Occupation, Gunmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and Number.} N 552 N. Gay St.

Cause of Death, First, (Primary,) Chronic pneumonitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Six months.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore com.

Date of Burial, Dec 2nd 1884

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Irving Miller M. D.,
Medical Attendant.

Address, 179 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 79876 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine M. Schaefer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 87 *Years,* 0 *Months,* 0 *Days,*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Bremen Germany

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give street and Number.} 57 years 96 N. Paca St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Collapse

Duration of Last Sickness,

All the above Information should be furnished by the Physician

Place of Burial, Baltimore Cem.

Date of Burial, Dec 2d 1884

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont

D. McShane M. D.,
Medical Attendant.

Address, 120 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, ~~sex~~, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79877 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1st 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Chapman,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* ..... *Months.* ..... *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Wagon driver,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} #66 Davis St.

Cause of Death, First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Dec 1/88 4 James A Steuart M. D.

Undertaker, Geo. Rinehart Medical Attendant.

Place of Business, ... *Address,* County Home

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Eph Boyd

Jas C. Fitzpatrick

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 79878 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Henry Baldwin

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 3 weeks ~~*Days.*~~

Color, colored

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 45 Each St

Duration of Residence in the City of Baltimore, Aft Cin

Place of Death, {Give Street and Number.} 45 Each st

Cause of Death, First (Primary), convulsions

Second (Immediate), Prostration

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 2/84

Undertaker, S P Chase

Place of Business,

W A. James M. D.

~~Medical Attendant.~~ Coroner

Address, 326 Hallin st City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 79879 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Howe Bamford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 492 Canton Avenue

Cause of Death, First (Primary), Pseudo Membranous Pharyngitis

Second (Immediate),

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial Dec 2. 1884 James E. Neville M. D.

Undertaker, H. Sanders & Son Medical Attendant.

Place of Business, 253 Canton Address, 799 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79880 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E Lankford

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* / *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give Street and Number.} # 275 Chappell Street

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury cemetary

Date of Burial, Dec 2

Undertaker, John H. Wilson

Place of Business, 142 S Caroline

Saml F Sowell M. D.
Medical Attendant.

Address, #29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 7988 *Office of Registrar of Vital Statistics.* **Ward** 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30th. 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Allen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 82 *Years,* ... *Months.* ... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 7 Mc Elderry St.

Cause of Death,
First (Primary), Biliary Calculus - passage of
Second (Immediate), Stones

Duration of Last Sickness, About 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 2nd/94

Undertaker, Geo Schilling

Place of Business, ...

G. L. Wilson M. D.
Medical Attendant.

Address, 717 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore, 1884

Permit No. 79882

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Wilson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color, Coloured

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Washing & ironing

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, all her life ~~212 Dover St~~

Place of Death, {Give street and number.} 212 Dover St

Cause of Death, First (Primary,) Endocarditis with mitral insufficiency

Second (Immediate,) Embolism

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Shaws St Cemetery

Date of Burial, Dec 2 "/884

Undertaker, Saml A. Chase

Place of Business,

Rich Henry Thomas M. D.
Medical Attendant.

Address 217 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79883 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Corn. E. Weiman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 141 S. Chapel St

Cause of Death, First (Primary), Diphtheria Malign.

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, December 1st

Undertaker, Fred. Gaede

Place of Business, 29 E. Caroline

R. W. Mansfield M. D.
Medical Attendant.

Address, 57 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ce...

Health Department, City of Baltimore.

Permit No. 79884 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30th. November 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Schmidt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 29 *Days* 1

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give Street and Number.} S. Bradford Alley 43.

Cause of Death, First (Primary), } Edampoia

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem.

Date of Burial, 2 December 84

Undertaker, Frank Welch & Co

Place of Business, 215 S. Amm St. *Address,* S. Wolfe St 117

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert

Board of Health, City of Baltimore.

Permit No. 79885 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary G. Farina

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 1184 E. Eager St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 10 days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 3rd 1884

Undertaker John Tope

Place of Business, 1661 Balto St *Address,* 283 N. Eden St

E. B. Fenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention [illegible] to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 79886 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Rebert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months.* — *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fourteen years

Place of Death, {Give Street and Number.} # 221 S. Ann St

Cause of Death, First (Primary), Typhoid Malarial Fever

Second (Immediate),

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Fifth Reformed Cemetery

Date of Burial, Dec. 3rd 1884

Undertaker, John C. Schenk

Place of Business, 966 Aliceanna

John H. Rehburg M. D.
Medical Attendant.

Address, 243 Lee Ann St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 79887 *Office of Registrar of Vital Statistics.* Ward 12 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Keener

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 *Years,* 7 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Gentleman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 226 Linden Avenue

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), Pulmonary Congestion

Duration of Last Sickness, About three or four weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Wednesday Dec 3rd 1884

Undertaker, STEWART & MOWEN, UNDERTAKERS, 26 Park Ave. Jos. Lloyd Martin M. D.

Medical Attendant.

Place of Business, [illegible] *Address,* 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 79888 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1884

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Salvon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 38 Conway St.

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate).

Duration of Last Sickness, 9 Months.

All the above information should be furnished by the Physician.

Place of Burial New Cathedral Cemty.

Date of Burial, Dec 3rd

Undertaker F. N. Troll. John Thoms M. D.
Medical Attendant.

Place of Business, ~~No~~ 131 Hanover St. *Address,* 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 1 — '84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. Macnamara

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} J.

Age, 32 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saloon-keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 9 yrs.

Place of Death, {Give street and number.} No. 3 Lexington St.

Cause of Death, First (Primary,) Acute Pneumonitis

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Ch

Date of Burial, Dec 2 1884

Undertaker, Henry Hoerty

Place of Business, 302 N Eutaw St

Alexander Hill, M. D.
Medical Attendant.

Address 43 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore.

Permit No. 79890

Office of Registrar of Vital Statistics. 19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 1/84 Name of Mother Mary Brooks

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} no name

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 dys *Years,* *Months,* 3 *Days.*

Color, Mulatto

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 87 Lombard St Baltimore

Duration of Residence in the City of Baltimore, 5 dys

Place of Death, {Give street and number.} 87 Lombard

Cause of Death, First, (Primary.) Imperfect Development

Second, (Immediate.) a 6 month child

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wm I Gray

Date of Burial, Dec 2nd 1884

Undertaker, Sharp & Cen.

Place of Business, 63 Mulberry

A A Thompson M.D.,
Medical Attendant.

Address, 119 Mulberry St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 79891 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Eccleston

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} 158 Barre St

Cause of Death, First (Primary), Oedema

Second (Immediate), Gen Exhaustion

Duration of Last Sickness, 2 yrs Mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 3rd 1884

Undertaker, Holy Cross Cem Assn

Place of Business, Park & Saratoga Sts

Jno D Blake M. D.
Medical Attendant

Address, 158 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 79892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 1 — "84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Fisher

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days.*

Color, Col.

~~Married, Single,~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation, Washerwoman

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Richmond, Va.

Duration of Residence in the City of Baltimore, No one knows.

Place of Death, {Give street and number} No. 108 S. Bethel St.

Cause of Death, First, (Primary,) Dilated heart

Second, (Immediate,) —

Duration of last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, E. Public's Cem'y

Date of Burial, Dec 2 / 884

Undertaker, Geo Burkhart

Place of Business, —

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 79893 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 1. 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matt. Grooms

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* ——— *Months.* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation No occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 154 E. Monument St

Cause of Death, First (Primary), General Debility

Second (Immediate), Exhaustion

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 3. 1884

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St *Address,* 154 E. Monument Ave

J. H. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] is respectfully invited to the Certificate of Death, and the Law of Births on [illegible]

Board of Health, City of Baltimore,

Permit No. 79894

OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 1 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Ducie

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Susquehanna, Pa.

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number} Wagner's Oyster Warf (Boston St.

Cause of Death, First, (Primary,) Fract. spinal column, ribs & sternum,

Second, (Immediate,) caused by falling from a mast-head.

Duration of last Sickness, Lived one hour after injuries

All the above information should be furnished by the Physician.

Place of Burial, Susquehana. Pa

Date of Burial, Decbr 2d 84

Alexander Hill, M. D.
Medical Attendant.

Undertaker, H. C. Sander & Son

Place of Business, 252 Caroline St. *Address,* Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

3489 Sunset

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 79895 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 2 1884

Date of Death, Dec. 1st 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Feyman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give Street and Number.} 315 N. Chester St.

Cause of Death, First (Primary), Typhoid Fever.

Second (Immediate),

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, Dec 4th 1884

Undertaker, M. Clark & Son

Place of Business, 92 O. Ave

John M. White, M. D.
Medical Attendant.

Address, 342 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 79896 *Office of Registrar of Vital Statistics.* Ward 19 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 1st 12.30 PM 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bell Boylan.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 Years, 8 Months, 14 Days

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 437 N Mount St

Cause of Death, First (Primary), Traumatic Injury of Brain

Second (Immediate), Diarrhoea & Encephalitis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec. 3/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Eugene A. Thomas M. D.
Medical Attendant.

For Address, Mount & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 79897 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 2nd "84"

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elbert V. Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 315 E. Eager St.

Cause of Death,
First (Primary), Acute Articular Rheumatism,
Second (Immediate), High Temperature, Brain Complications, with Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Anarandel

Date of Burial, Dec 3 1884

Undertaker, John W Jorkins

Place of Business,

Wilmer Tinton M. D.
Medical Attendant.

Address, Forrest Place & Chas St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 79898 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August E. Avey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 9 *Months,* ..... *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 102 N. Schroeder

Cause of Death, First (Primary), Convulsions from Dentition

Second (Immediate), " " "

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, Dec 2nd

Undertaker Andrew Reisdi

Place of Business, 4 S. Pine Ave.

Thomas Opie M. D.
Medical Attendant.

Address, 179 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 79899 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 1/84 ~~Clara Coates~~

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Coates

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 28 *Years,* *Months.* *Days*

Color, Black

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna Gro. Co. Md

Duration of Residence in the City of Baltimore, about 12 years

Place of Death, {Give Street and Number.} 8 Paintes Ct.

Cause of Death, First (Primary), Phthisis Tuberculosis

Second (Immediate),

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 2- 1884

Undertaker, W W Madden

Place of Business, 46 East St

F. F. Gilmore M. D.
Medical Attendant.

Address, 15 Exeter

Extract from Regulations of the Board of Health to secure a full and oorrect record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 79900 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 2 1884

Date of Death, Nov. 29, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Woodland

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sexton

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 220 Mulberry St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 6 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 2nd 1884

Undertaker, W. H. Bishop

Place of Business, 97 Druid Hill Ave

J. W. C. Cuddy M. D.,
Medical Attendant.

Address, 137 N. Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 79901 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Cowman.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female.

Age, 80 *Years,* ~ *Months.* ~ *Days*

Color, White.

Married, ~~Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow.

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Island of Guernsey, England.

Duration of Residence in the City of Baltimore, Sixty-six Years (66) y.

Place of Death, {Give Street and Number.} No 145 E. Townsend St

Cause of Death, First (Primary), Rheumatism.

Second (Immediate), Inanition.

Duration of Last Sickness, about 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Md Cathedral

Date of Burial, Oct 1st 1884

Undertaker, Jas A Lyne

Place of Business, 63 Fremont

John N. Cowman M. D.
Medical Attendant.

Address, 244 E. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 709902. *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Cooper,

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days,*

Color, White,

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Formerly lumber merchant,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dublin, Ireland,

Duration of Residence in the City of Baltimore, 46 years,

Place of Death, {Give street and Number.} 78 cr. Fulton Avenue,

Cause of Death. First (Primary), Valvular disease of the heart,

Second (Immediate), General dropsy,

Duration of Last Sickness, Ten months,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 3rd 1884

Undertaker Denny & Mitchell

Place of Business, 530 W Fayette St

John Morris M. D.
Medical Attendant.

Address, 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 79903 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kath. B. Gillingham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months.* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 97. N. Carey St.

Cause of Death, First (Primary), Typho. Malarial Fever

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Friends Burying Ground

Date of Burial, Dec 3rd 1884

Undertaker, D Emmy & Mitchell

Place of Business, 5 & N. Fayette St

W. A. B. Sellman M. D.
Medical Attendant.

Address, 46. W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1772

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79904 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fathia Saur

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 45 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 16 Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tubercular Peritonitis

Second (Immediate), General Peritonitis

Duration of Last Sickness, 3 WEEKS

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 2d 1884

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

F West M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 79905 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 2 1901 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 2d 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Rebecca Bowles

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel co Md.

Duration of Residence in the City of Baltimore, Died in Howard co Md,

Place of Death, {Give Street and Number.} Concordia Orphanage

Cause of Death, First (Primary), Died Suddenly from heart disease

Second (Immediate), Asphyxia

Duration of Last Sickness, about 4 or 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Howard Co

Date of Burial, Dec 4

Undertaker, J. M. Weaver

Place of Business, No 251 Biddle St

W. A. James M. D.

Coroner ~~Medical Attendant~~

Address, 326 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3490 Hansel

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ce...

Health Department, City of Baltimore.

Permit No. 79706 *Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary D. Harris

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 15 *Days*

Color, colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, School

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 209 Monument st

Cause of Death, First (Primary), Caught fire from gas stove

Second (Immediate), & died in 3 hours from effects

Duration of Last Sickness, about 3 hours

All the above information should be furnished by the Physician.

Place of Burial,.....

Date of Burial,.....

Undertaker,.....

Place of Business,.....

Wm A Jones M. D.

~~Medical Attendant.~~ Coroner

Address, 326 Monument st City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

See following Certificate

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Daisy Harris

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, Three *Years,* nine *Months,* thirteen *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore - Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No. 209 Vincent St Street.

Cause of Death, {First (Primary,) Extensive Burns / Second (Immediate,) Nervous Shock

Duration of Last Sickness, four and a half hours

All the above information should be furnished by the Physician.

Place of Burial, Shark's Cemetery

Date of Burial, Dec 3/84

Undertaker, Alex Armsley

Place of Business,

J. Ridgely Hammond M. D.
Medical Attendant.

Address 140 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

Permit No. 79908

Office of Registrar of Vital Statistics.

12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 3 1884

CERTIFICATE OF DEATH.

Date of Death, December 1. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Lemmon

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Charles Co Md

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 28 Division st

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Dec 3 1884

F. C. Williams M.D.
Medical Attendant.

{*Undertaker* Alf Hemsley
Place of Business,

Address, 201 Mad. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 79907 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 1 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Blaston

~~*Sex,*~~ *Male or ~~Female~~,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 186 Pine St

Cause of Death, First (Primary), Paralysis

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shark

Date of Burial, Dec 2 1884

Undertaker, H H Chase

Place of Business, 198 Howard St

Wm A Jones M. D.

~~Medical Attendant.~~ Coroner

Address, 326 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 79989 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 2, 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Glenn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* 10 *Months.* 25 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 179 E. Washington st

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick

Date of Burial, Dec 5 1894

Undertaker, M Clarke & Son

Place of Business, 92 S. Ann *Address,* [illegible]

W. H. McCoy, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gotfried Joseph Berbus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* four *Months,* *Days.*

Color, white *Sex,*

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~, Brook Alley No 3.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

~~Duration of Residence in the City of Baltimore~~,

Place of Death, {Give street and number.} Brook Alley No 3.

Cause of Death, First (Primary,) Scrophulosis

Second (Immediate,)

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem Z. A. Boehm, M. D.

Date of Burial, Dec. 4 / 1884 119 Hanover-str. Medical Attendant.

Undertaker, Rosenberger

Place of Business, 20 Saratoga st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

Health Department, City of Baltimore.

Permit No. 79911 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1st 3.20 Pm

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Stein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 9 *Years,* ..... *Months.* ..... *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany — 3 yrs in America

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give Street and Number.} 2 Jeptha Road

Cause of Death, First (Primary), Heart Disease (Aortic)

Second (Immediate), Asthma

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Tamesbury

Date of Burial, Dec 3/04

Undertaker, Henry Hauck

Place of Business, 309 Broad St

Oscar J. Orsky M. D.
Medical Attendant.

Address, 188 W. Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 79912. *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED DEC 3 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Francis Moseby French

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~—————~~

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child's Home

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 2nd 1884

Undertaker, George A Bryant

Place of Business, 201 Pennsylvania Ave

Thos S Latimer M. D., Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 79913 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Dorsey.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co, Md.

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give Street and Number.} #198 W. Fremont St

Cause of Death, First (Primary), ...

Second (Immediate), Bright's Disease

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 3rd 84

Undertaker, W. M. Lunger

Place of Business, ...

Jamis A Steuart M. D.

~~Medical Attendant~~

Con't Hosp. T B

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore. Eh by

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Dr's O. Sullivan [over.]

Week No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79914 *Office of Registrar of Vital Statistics.* Ward 12 "1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Machin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* ..... *Months.* ..... *Days*

Color, W

Married, ~~*Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 128 Dolphin St

Cause of Death, First (Primary), Consumption of lungs

Second (Immediate),

Duration of Last Sickness, 20 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec. 5th 1884

Undertaker, Chas T. Scriven

Place of Business, 271 E. Eutaw

G Lane Tanyhill M. D. Medical Attendant.

Address, 219 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79915 *Office of Registrar of Vital Statistics.* 20 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 2: 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Mc Nulty

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 196 Argyle Ave

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Diphtheritic Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 3rd 1884

Undertaker, Chas. F. Scriven

Place of Business, 271 N. Eutaw

P. C. Williams M.D.,
Medical Attendant.

Address, 201 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 79916. *Office of Registrar of Vital Statistics.* Ward 4 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma F. Fritz.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 11 years.

Place of Death, {Give street and Number.} 29 Granby St. c Aisles

Cause of Death, First (Primary), Pyemia —

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Thursday Dec. 4/84

Undertaker Hughes Spencer & Co

Place of Business, 60 E Balto St

J. W. Houck M. D
Medical Attendant.

Address, 75 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible]and condition (whether married or single) of the person deceased, and the cause and [illegible]four[illegible] date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 19917 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 3 1884

CERTIFICATE OF DEATH.

Date of Death, Decbr 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johan F. Schaub

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Streets-paver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} 254 E. Eager St

Cause of Death, First (Primary), Acute Parenchymatous Nephritis

Second (Immediate), Uremia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Dec 5th 1884

Undertaker, Henry Hoeck

Place of Business, 609 N Central Ave

E O Stoner M.D.
Medical Attendant.

Address, 254 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 79

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79918 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2 1884 Mondette

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Merriett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Pattern Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 55 Years.

Place of Death, {Give street and Number.} 149 N. Chester St.

Cause of Death, First (Primary), Phthisis Pulmonalis & Chronic Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 15 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Dec 4 1884

Undertaker Henry Hoeck

Place of Business, 369 N. Central Av *Address,* 284 N. Broadway

Geo. F. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 19919 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Pipitone

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* — *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since his birth

Place of Death, {Give Street and Number.} 105 S. Eight St.

Cause of Death, First (Primary), Diphtheritic Laryngitis

Second (Immediate),

Duration of Last Sickness, Eight hours.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 3rd 1884

Undertaker, Jas P Byrne

Place of Business, 110 N Gay St

L. H. Scaff M. D.
Medical Attendant.

Address, 707 Centre St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 79920 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 29/84 1 P M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie C Dorman

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 42 *Years,* — *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Lady.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 2054 Fulton ave.

Cause of Death, First, (Primary,) Acute Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Londenpath Cemty

Date of Burial, Decmber 4

Undertaker, John Lohe

Place of Business, 166 East Baltimore

A. H. Lawton M. D.
with Jas. Lamb Chew M. D.,
Medical Attendant.

Address, 823 Lexington Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Co...

Health Department, City of Baltimore.

Permit No. 79921 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd, 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lynch Sr.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Stone Mason

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} No. 50 Eager St.

Cause of Death, First (Primary), ...

Second (Immediate) Congestion of the Lungs

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 3 1889

Undertaker, G. Frunce

Place of Business, Bank and Wolf

W. H. Watts M. D.,
Medical Attendant.

Address, 242 E Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79922. *Office of Registrar of Vital Statistics.* Ward 20/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 3 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Ridge

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 17 *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 422 N. Fremont St.

Cause of Death, First (Primary), Phthisis

Second (Immediate), "

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 3d 1884

Undertaker F. Lewis Schafer

Place of Business, 1091 N Fremont Ave *Address,* Arlington Ave & Mosher St.

James Bacon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 79923 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertie, Lee, Gluntz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* — *Months,* 9 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} — —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 191 Montgomery St

Cause of Death, First (Primary), Hydrocephalus

Second (Immediate), Convulsions

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, December 3rd 1884

Undertaker B Earle

Place of Business, 82 West Street.

H D Stubbs M. D.
Medical Attendant.

Address, 57 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 79924 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 2d 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Burnette Fleming

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* 2 *Months,* 16 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Fredericksburg. Md

Duration of Residence in the City of Baltimore, 3 weeks. (on visit)

Place of Death, {Give Street and Number.} 90 Fort Ave.

Cause of Death, First (Primary), Chronic Bright's Disease.

Second (Immediate), Uremia. (convulsions)

Duration of Last Sickness, (Known about) 8 days

All the above information should be furnished by the Physician.

Place of Burial, Frederick County MD

Date of Burial, December 4th 1884

Undertaker, B. Hearle.

Place of Business, 82 West Street.

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3493 Transcribed

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 79925. *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Benjamin Johnson

Sex, Male or Female; { Cross out the word not required in this line. }

Age, 50 (about) *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Laborer living in Kent County Md.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Not Known, probably Baltimore

Duration of Residence in the City of Baltimore, Had been here only 3 days on a visit

Place of Death, { Give street and Number. } 78 Sarah Ann St

Cause of Death, First (Primary), Acute Meningitis

Second (Immediate), Failure of Respiration

Duration of Last Sickness, Five days and probably longer

All the above information should be furnished by the Physician.

Place of Burial Buck Neck MD

Date of Burial, Dec 4 1884

Undertaker G Wechase

Place of Business, 198 S Howard St

A R Boud M. D.
Medical Attendant.

Address, 316 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

349 Franklin

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

Permit No. 79926 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 3 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Johnie Landorf

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Schönhof prv. Pommern Gy.

Duration of Residence in the City of Baltimore, None

Place of Death, {Give street and number.} S. S. Nürnberg L. P.

Cause of death, First, (Primary,) Measles

Second, (Immediate,)

Duration of Last Sickness, 2 1/2 da.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Decbr 3d 1884

Undertaker, A Sander & Son

Place of Business, 252 Canton Ave *Address,* S. S. Nürnberg

Dr. med. C. Hess, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [OVER.]

No. 79927

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79927 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 84

Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. M. Draper

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 3 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 16 Davis St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Convulsions

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Dec 4th 1884

Undertaker M. Frank

Place of Business,

[signature] M. D.
Medical Attendant.

Address, 51 S. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79928 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 210 Dover St

Cause of Death, { First (Primary), ...

Second (Immediate), Elothenia

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Dec 3d 1884

{ *Undertaker,* J. Kerchner

Place of Business, ... } *Address,* Camp & Eutaw Sts

James A Steuart M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ... in twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as ... the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and ... use and date of death. [OVER.]

A B Roberts Sr Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19929 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 3d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Stanislaw Gonmulski Parents

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1/24 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 11 Fell St

Cause of Death, First (Primary), Premature

Second (Immediate), Birth

Duration of Last Sickness, 2 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 3d 1884

Undertaker, Frank Cachet & Co

Place of Business, —

James A Steuart M. D.
~~Medical Attendant.~~

Address, Compton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

W. C. Roberts Inspector

The Special Attention of Physicians is respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7995 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 2 / 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant + Agnes A Fisher Parents

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 2 hours Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give Street and Number.} 54 Fort Ave

Cause of Death, First (Primary), Premature Birth

Second (Immediate), ____

Duration of Last Sickness, ____

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 4/84

Undertaker, B Hark

Place of Business, Ware St

Ino D Blake M. D.
Medical Attendant.

Address, 108 S Paca

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 19931 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1884

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anni Elizabeth Hebner

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 42 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 35 yr

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 329 Dallas st

Cause of Death. First (Primary). Consumption

Second (Immediate). ~~for about years~~ for several years

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, M. Carmel Cem.

Date of Burial, Dec 5th 1884

Undertaker A Fink & Son

Place of Business, 461 W Bay

M B. Billingslea M. D.
Medical Attendant.
(for Dr Lee Perkins)

Address, 229 E Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7993

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 19932 *Office of Registrar of Vital Statistics.* **Ward** 3 1/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE DEC 4 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Peregoy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Came to Baltimore in 1818.

Place of Death, {Give street and Number.} 94 N Bond st

Cause of Death, First (Primary). Senility

Second (Immediate).

Duration of Last Sickness, Bed-ridden for 5 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 4. 1884

Undertaker John W Jackson

Place of Business, 84 E Baltimore St

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec^r 2^nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Turpin

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, about 112 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Caroline Co Md

Duration of Residence in the City of Baltimore, about 45 years

Place of Death, {Give street and number} 59 Davis St.

Cause of Death { First, (Primary,) Old age
Second, (Immediate,) not known

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial Dec 4th 1884

Undertaker, Wm J Gray

Place of Business, 65 Milberry Alley

R. C. Lee M. D.
Medical Attendant.

N. W. cor

Address, Hanover & Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

X

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7993 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm & Margarit Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* two *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 30 Rose St

Cause of Death, First (Primary), Premature birth

Second (Immediate), " "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Dec 4th 1884

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry St *Address,*

B. B. Browne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79935 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anista Law

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 3/4 *Years,* *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Im mayant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1/2 Day

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asthenia

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, December 4-1884

Undertaker, H. Sanderson

Place of Business, 252 Canton Ave

Aveh *M. D.*
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79936 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 3d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Piontak

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Im mergrant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ½ Day

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Diphtheria

Second (Immediate), asthenia

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, December 4 - 1884

Undertaker, H Sander Son

Place of Business, 252 Canton Ave

Frost M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79937 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 2/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul E. Clutz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 4 *Months,* 7 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Child

Occupation, None

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 437 N. Carey St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4½ hours

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 4th

Undertaker, Andrew Rohde

Place of Business, 48 Penn ave

H. K. Fetterhoff M. D.,
Medical Attendant.

Address, 205 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of Certificate.

Health Department, City of Baltimore.

Permit No. 79938 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luther Ann Watts

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* — *Months.* — *Days*

Color, Colored

~~Married, Single~~, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pittsburg Penna,

Duration of Residence in the City of Baltimore, 18 years,

Place of Death, {Give Street and Number.} 79 Lower Shore

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 5th

Undertaker, H Ross

Place of Business, 25 Monument St

Wm. Alderdice, M. D.
Medical Attendant.

Address, Columbia Ave. & Fremont Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 79939

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79939 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carmalita M. Heinrich

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 28 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and Number.} 26 S. Wheeler Ave,

Cause of Death, First (Primary),

Second (Immediate) Pulmonary Congestion.

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Dec 31/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address,* 275 Lexington St

John L. A. Hagen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 79240 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3d 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Richard

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 82 *Years* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 Years

Place of Death. {Give street and Number.} 194 Ft Avenue

Cause of Death. First (Primary) Int. Fever & Diarrhoea with Hypertrophy & Heart

Second (Immediate) Asthenia

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Rood

Date of Burial, December 5

Undertaker B. Hark

Place of Business, 82 West St

A. M. Hodge M. D.
Medical Attendant.

Address 110 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79944 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Klein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* 4 *Months,* 4 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Potter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 33 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 112 Marshall av

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 14 Years

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Decemb 5th

Undertaker, B. Hardy

Place of Business, 82 West St

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1114

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79942 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adaline Powell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days*

Color, white

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 155 Fairmount Ave.

Cause of Death, First (Primary), Morbus Brightii

Second (Immediate), Anasarca

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, December 5th 1884 E. Harvil Clark M. D.

Medical Attendant.

Undertaker, Lemmon & Matchett

Place of Business, 66 S. Broadway *Address,* Balt. & Mech. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 7994

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79943. *Office of Registrar of Vital Statistics.* Ward 10 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4-84 3 Minutes

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nine Joseph Evans

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} 2 1/2 Parents

Age, ... *Years,* Few Months, ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Reference

Place of Death, {Give street and Number.} 237 Mulberry

Cause of Death, First (Primary), ...

Second (Immediate) Perforated Colon

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, December 4th/84

Undertaker Matthew Cadogan

Place of Business, 227 Mulberry St

W. H. Eyrich M. D.
Medical Attendant.

Address, 814 Cherry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7994 *Office of Registrar of Vital Statistics.* Ward 15-7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec" 2" 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 53. *Years,* ..... *Months,* ..... *Days*

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} 1 Mann's Ct

Cause of Death, First (Primary), ...

Second (Immediate), Paralysis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Dec" 4=1884

Undertaker, H C Ross

Place of Business, Conway St

James A. Stewart M. D.

Medical Attendant

Corner Fremont & Ragusa Ave

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [Over.]

John E. Dunning - Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 3° 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Howard H Arthur Parents

Sex, ~~Male~~ or Female, {cross out the word not required in this line}

Age, about 2 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 70 Preston St

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 70 Preston St.

Cause of Death First, (Primary,) Asphyxia

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Dec 4th 1884

F. Barlow Brune M. D.
Medical Attendant.

Undertaker, Wm Weaver.

Place of Business, 202 N. Eutaw St. *Address,* 565 N. Chas St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 79946

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79946 *Office of Registrar of Vital Statistics.* **Ward** 6 cl

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Cook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 1 *Months,* ..... *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 168 Mulberry E

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Dec 4th 1884

Undertaker, W Whadden

Place of Business, ~~X~~ 46 East St

L Y Guyer M. D.
Medical Attendant.

Address, 137 Cal E

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79947

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Stanis

Sex, Male or Female, {Cross out the word not required in this line.} F. Female

Age, 28 *Years,* 3 *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 68 Davis Alley

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Northampton Co. Va

Date of Burial, Dec 5 - 84

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry

J. H. Scarff M.D.,
Medical Attendant.

Address, 77 Centre St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3496 Forest

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79948 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 3d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Barber

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 89 *Years,* *Months.* *Days*

Color, Black

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} 307 E. McCelderry St

Cause of Death, First (Primary), Age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cem

Date of Burial, Dec 5th

Undertaker, W. B. & Thomas

Place of Business, 253 E. Lombard St

John H. Rehberger M. D.
Medical Attendant.

Address, 1473 Alice Annah

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 11141

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79949 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 3 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Smith

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months.* *Days,*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 49 Exeter

Cause of Death. First (Primary). Catarrh

Second (Immediate). Pneumonia

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, December 5 1884

E. C. Baldwin M. D.
Medical Attendant.

Undertaker Morgan & Pye

Place of Business, Mulberry St *Address,* 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19950 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Pearson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, about 65 *Years,* ——— *Months.* ——— *Days*

Color, Colored

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Osteo Sarcoma of upper Jaw

Second (Immediate), Asthenia

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill

Date of Burial, Dec 6th 1891

Undertaker, Lurman

Place of Business, 1518 Eutaw St *Address,* University Hospital

Medical Attendant. West M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79951 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4/884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie H. Brunnille

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* *Days,*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Child

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 11 Christian Ave.

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,) "

Duration of Last Sickness, Two days.

All the above Information should be furnished by the Physician.

Place of Burial, Greenlawn Cemetery

Date of Burial, Dec 5th 1884

H. R. Battenhaff M. D.,
Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave. *Address,* 205 W. Pedd St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

No. 11702

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79952 *Office of Registrar of Vital Statistics.* Ward 13 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel FitzGibbons

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give Street and Number.} 203 Lemmon

Cause of Death, First (Primary), Chronic Bronchial Catarrh

Second (Immediate), With Chronic Malarial Fever

Duration of Last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, December 5th 84

Undertaker, Matthew Badorgan

Place of Business, 227 Mulberry St.

Chas F Mitchell M. D.
Medical Attendant.

Address, 283 W Lemmon

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1 1 6 2 3

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79953 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Tidy Jr.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43 *Years,* 11 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Lawyer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 20 N Calvert St.

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, Eighteen Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 5 1882

Undertaker, Jas P Byrne

Place of Business, 110 N Gay *Address,*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 79954

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79954 *Office of Registrar of Vital Statistics.* Ward 20 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Lee Grosnick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 514 N. Gilmor St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 6 hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto Co md

Date of Burial, Dec 6th 1884

Undertaker, Wm Lloyd

Place of Business, Woodberry Address Maryland Ave & Charles

McWarren M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 7995

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79955 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, December 4. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul D. Shultz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 11 Months, 19 Days,

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Jefferson St. near Duncan Alley.

Cause of Death,
First (Primary), Artificial food. ~~Indigestion~~
Inanition.
Second (Immediate),

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Dec 6/84

Undertaker Ly Dix

Place of Business, 87 N Burdick Street *Address,* Belair Avenue.

J. J. Martenet. *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 79956

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79956 *Office of Registrar of Vital Statistics.* **Ward** 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Folsom

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 85 *Years,* —— *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Ship Joiner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} 250 N. Eutaw St.

Cause of Death, First (Primary), Chronic Bronchitis.

Second (Immediate), Asthenia.

Duration of Last Sickness, Several months.

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery P. R.

Date of Burial, Decem 5th 1884

Undertaker Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* 248 N. Eutaw St.

Wm E. Moseley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79957 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J Frederick Jacob Rochner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 4 *Months.* *Days*

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 407 Saratoga St.

Cause of Death, First (Primary), Severe Cold

Second (Immediate), Bronchitis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 7th 1884

Undertaker, Lawrence Hemp

Place of Business, Wilberry St *Address,* 91 Mulberry St Myerlan

Louis K. Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[Over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79958 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Mabel Street

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 145 S Paca St

Cause of Death, First (Primary), Eczema

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Dec 6th 1884

Undertaker, Jos B Scott

Place of Business, No 707 W Baltimore

James P Bailey M. D.
Medical Attendant.

Address, 319 W Fallis Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ance issued Saturday of each w... No. 79959

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79959 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 5 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Patrick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 mths — *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Maryland~~ ~~Carolina~~ N. C.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 106 S. Paca St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Prostration

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Mt Lebanon Cy

Date of Burial, Dec 6th 1884

Undertaker, John L Thacher

Place of Business, No 151 Lombard

B. L. Phillips M. D., Medical Attendant.

Address 211 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 19960

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19960 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Filzhenrie

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 7 weeks ~~Months~~, Days

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 179 York St

Cause of Death, First (Primary), Diarrhea

Second (Immediate),

Duration of Last Sickness, 2 no Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 6 Dec 1884

Undertaker, Pool & Davis

Place of Business, Harp Lawnale

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 79961

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79961 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Redberg

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~*Single*~~, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 21 yrs

Place of Death, {Give Street and Number.} 77 Hamilton St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 6th 1884

Undertaker, Henry Hoen

Place of Business, 309 N Eutaw Address, 306 E Baltimore St

H. M. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79962 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 5 1884

Date of Death, Dec 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Lindall

Sex, [redacted] *or Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* 2 *Months,* 11 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 82-

Place of Death, {Give street and Number.} 189 E Monument St

Cause of Death, First, (Primary,) Senility

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Little

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 6th 84

Undertaker, Geo. Schilling

Place of Business,

Henry Miller M. D.,
Medical Attendant.

Address, 189 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

No. 19963

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79963 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewelling Pye

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 – 69 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charles County Md

Duration of Residence in the City of Baltimore, Most of his life

Place of Death, {Give Street and Number.} 106 Preston St

Cause of Death, First (Primary), Heart disease (following Rheumatism

Second (Immediate), Dropsy

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 6th 1884

Undertaker, Morgan & Pye

Place of Business, No 9 Mulberry St *Address,* 565 Druid Hill Ave

Chas E Todd M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

79964

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79964 *Office of Registrar of Vital Statistics.* Ward 21½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Arzt.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months.* ..... *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give Street and Number.} 104 Lancaster St.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 6th 84

Undertaker, G. Francis

Place of Business, Jones & Wolf *Address,* 515 Penna Ave

H. Richter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY FILM

...tificate for Burials to the Office whence ... ...ook No. 79960

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79965 *Office of Registrar of Vital Statistics.* **Ward** 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 6 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 4 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Horn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, 65 *Years,* ..... *Months.* ..... *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Tinner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Easton Pennsylvania

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and Number.} 98 S. Caroline St

Cause of Death. First (Primary), Bronchitis

Second (Immediate), Diarrhoea & Exhaustion

Duration of Last Sickness, One year & Six months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Dec 7 84

Undertaker Wm C Kaefer

Place of Business, 714 S Bdwy

E C Baldwin M. D.
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79966

Office of Registrar of Vital Statistics. 16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 1 = 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Belle Hooper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* —— *Months,* —— *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 53 Bergundy alley

Cause of Death, First, (Primary.) Pneumonia -

Second, (Immediate.)

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 3 1884

Undertaker, H Pass

Place of Business, 120 Lanvale

H St Goodman M.D.,
Medical Attendant.

Address, 640 W Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 79967

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79967 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William E Kennedy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* 7 *Months,* 5 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Lawyer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 137 N Stricker st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, 7 Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 6th 1884

Undertaker F. Lewis Schafer

Place of Business, 109 N Fremont *Address,* 134 N Carrollton Av

Chas D Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 79968

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79968 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5 / 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bennett Buckingham

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months.* 8 weeks *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, —— ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 319 McHenry st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 319 McHenry st

Cause of Death, First (Primary), Suddenly with

Second (Immediate), convulsions

Duration of Last Sickness, about one hour

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, December 6

Undertaker, J B Cook

Place of Business, 707 West Baltimore st

W = A Jones M. D.
Medical Attendant.

Coroner
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 79969

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79969 *Office of Registrar of Vital Statistics.* Ward 17 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 3d 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Waller.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months.* *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland. (about 30 yrs. in U.S.)

Duration of Residence in the City of Baltimore, 14 Years.

Place of Death, {Give Street and Number.} 534 S. Charles St.

Cause of Death, First (Primary), Chronic Albuminuria.

Second (Immediate), Hydropericardium.

Duration of Last Sickness, About 5 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Stockholm

Date of Burial, Dec 6 1884

Undertaker, C. F. Kramer & Son

Place of Business,

R. J. N. Tall M. D.
Medical Attendant.

Address, 162 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79970 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th December 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Funk

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, [illegible] *Years,* — *Months,* 15 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 168 West Street

Cause of Death, First (Primary), Chronic pneumonia

Second (Immediate), Haemorrhage from the lungs

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 7 December

Undertaker, F. Tewald

Place of Business, 35 E Eutaw St *Address,* 201 W Lombard St

L J Reinhard M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

per week. No. 79971

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79971 *Office of Registrar of Vital Statistics.* Ward 47

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Wm Schaefer.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 4 M *Years,* 8 *Months,* 8 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Stone Cutter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Stuttgart Wurtemberg

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and Number.} 71 Holland St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,)

Duration of Last Sickness, 2 Years

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 7th Dec 1884

Undertaker, H. Weber

Place of Business, 60 Fremont Ave

Jno F Powell M. D.,
Medical Attendant.

Address, 227 Carollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 1884.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 79972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 6 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward S. Stubbs sr

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 9 Mo

Place of Death, {Give street and number} 83 Lee St

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) 1 Week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Gloucester Co. Va

Date of Burial, Dec 7th

Undertaker, F. N. Trull

Place of Business, 131 Hanover St

R. C. Lee M. D.
Medical Attendant.

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3498 Transit

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 19773

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19973, *Office of Registrar of Vital Statistics.* Ward 19 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Ferguson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months.* *Days*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, servant girl

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cambridge Maryland

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give Street and Number.} 434 Parish alley

Cause of Death, First (Primary), Suddenly with

Second (Immediate), Angina Pectoris

Duration of Last Sickness, about 9 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, Dec. 6th 84

Undertaker, Wm J. Gray

Place of Business, 65 Mulberry

Wm A. Jones M.D.
Medical Attendant.

Address, 326 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 19914

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7997 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Barbara S. Newman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 75 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, { Give street and Number. } 62 E Pratt.

Cause of Death, First (Primary), Softening of Brain

Second (Immediate), Paralysis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St. M. Cemetery

Date of Burial, Dec 6th 1884

J. R. Lucas M. D.
Medical Attendant.

Undertaker Wm Cline

Place of Business, 101 Gough St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 79973

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79975 *Office of Registrar of Vital Statistics.* Ward 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 6 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Wallers

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months.* — *Days*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 25 yrs.

Place of Death, {Give Street and Number.} No 158 S. Durham St.

Cause of Death, First (Primary), Peritonitis + Metritis

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Decbr 7th 1884

Undertaker, H. H. Sandel Jun

Place of Business, 252 Eastern Ave *Address,* 50 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 79976

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79976 *Office of Registrar of Vital Statistics.* **Ward** 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John W. Morris

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 58 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. }

Occupation Ship Joiner

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 5 months

Place of Death, { Give street and Number. } Church Home, Infirmary N. Broadway

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, December 8th 1884

Undertaker Denny & Mutchnick

Place of Business, 663 Broadway *Address,* Church Home, Infirmary

C. Wm. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

... Burials, to the Office whence issued, Saturday of ... week. 79977

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate

Health Department, City of Baltimore.

Permit No. 79977 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Ryan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 m *Years,* *Months.* *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 14 yrs

Place of Death, {Give Street and Number.} 116 Duncan alley

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 7th 1884

Undertaker, M. Clark & Son } Geo. B. Reynolds M. D. Medical Attendant.

Place of Business, 92 O. alley *Address,* 171 E Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 79978

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79978 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 6 1884

CERTIFICATE OF DEATH.

Date of Death, 6th December 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Warfield

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty three 33 *Years,* Five (5) *Months,* Fourteen 14 *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Broker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore in New York.

Duration of Residence in the City of Baltimore, Almost 30 Years. Last few years.

Place of Death, {Give Street and Number.} No 23 Preston St. Baltimore.

Cause of Death, First (Primary), Tuberculosis.

Second (Immediate), Pulmonary tuberculosis - (Consumption)

Duration of Last Sickness, Almost one year -

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec. 8th 1884

Undertaker, H W Jenkins & Sons

Place of Business, Park & Saratoga Sts

W. C. VanBibber M. D.
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

day of each week. 79979

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 79979 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th/84 718 W Pratt St

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine & William Rodrigo Parents

Sex, Male or Female, {Cross out the word not required in this line.} Female

~~*Age,*~~ ~~*Years,*~~ Age ~~*Months,*~~ 20 Minute ~~*Days,*~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 718 W Pratt

Cause of Death, First, (Primary,) Strangulation

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pratt Cemetery

Date of Burial, Dec 6' 1884

Undertaker, J. A. Kerchner

Place of Business, Arlington & George *Address,* Baltimore

D. A. Nelson M. D.,
Medical Attendant.

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

whence issued, Sat... No. 79980

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79980 *Office of Registrar of Vital Statistics.* Ward 4 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 6 1884 BALTIMORE MD.

Date of Death, Dec 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Cooper.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, Colored.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give Street and Number.} #90 Chestnut St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Apnoea.

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 6th 1884

Undertaker, Wm H. Dunger

Place of Business, 1002 East-st

James J Bonn, M. D.
Medical Attendant.

Address, #63 Johns St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permits for Burials, to the Office where issued Saturday of each week. No. 79981

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79981 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Wilkinson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* *Months.* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} 227 Gough St

Cause of Death, First (Primary), Senile Paralysis of the Insane

Second (Immediate), Asthenia

Duration of Last Sickness, About six weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 7th 1884

Undertaker, Wendel Dikpel

Place of Business, S. Bond st *Address,* 411 S. Bradley

Geo. F. Wilkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 79982

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 79982 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michele Desio

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 45 Pratt st

Cause of Death, First (Primary). Tuberculous Meningitis

Second (Immediate). ~~do~~

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Dec 8

Undertaker Wendell Dixon

Place of Business, ... *Address,* 213 Baltimore

D. M. Cuthrell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials to the Office ... Saturday of each week. No. 79983

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79983 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 6 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William a Gibson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... 21 *Months,* ... *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 41 N. Spring St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec. 8-1884

Undertaker, W W Madden

Place of Business, 46 Eastern

H H Goodwin M. D.
Medical Attendant.

Address, 137 Orleans

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Burials, to the Office whence issued Saturday of each week. 11/16/84

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 19984 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEC 6 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Frederick Meyer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 60 *Years,* — *Months,* 27 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Collector

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany 34 yrs in America

Duration of Residence in the City of Baltimore, 14 " in B. Co.

Place of Death. { Give street and Number. } 55 Frederick Ave.

Cause of Death, First (Primary),

Second (Immediate). Apoplexy 6 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Dec 8th 1884.

Undertaker H. Seewald

Place of Business, 35 S. Eutaw

H. W. Webner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week No. 79985

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79985 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 6 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev. Edward Brennan

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, about 65 *Years,* — *Months.* — *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Priest

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland 30 yrs. in U. S.

Duration of Residence in the City of Baltimore, On a visit

Place of Death, {Give Street and Number.} 40 Hollins St.

Cause of Death, First (Primary), Angina Pectoris

Second (Immediate), Angina Pectoris

Duration of Last Sickness, Death sudden

All the above information should be furnished by the Physician.

Place of Burial, Cumberland Md

Date of Burial, Dec 9th

Undertaker, John J Leonard

Place of Business, Holliday & Eutaw Sts

Clark Van Bibber M. D.
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3799 Transit

[OVER.]

Keepers of Cemeteries in City of Baltimore will make ...

No. 79986

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 79986 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 5. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Cox

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co: Md.

Duration of Residence in the City of Baltimore, From Infancy

Place of Death, {Give street and Number.} Mulberry St. near Strieker

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Gangrene of Lung.

Duration of Last Sickness, Two Weeks

the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 7th

Undertaker Denny & Mitchell

Place of Business, 550 W Fayette St *Address,*

Phin Z Thompson M. D.
Medical Attendant.

RECEIVED DEPARTMENT DEC 6 1884 BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79987 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 6 1884 BALTIMORE

Date of Death, Dec 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Pratt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months.* 2 *Days*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 150 Robinson st

Cause of Death, First (Primary), Probably — Pneumonia —

Second (Immediate), Asphyxia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 7th 1884

Undertaker, T J Locke

Place of Business, 73 E Fayette st

James A Steuart M. D.

~~Medical Attendant~~

Address, Camp Mc & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Inspector

[over.]

No. 79988

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 79988 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mothers Name - Maggie Carter Fathers Name - Unknown

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, — *Years* — *Months,* Eight *Days,*

Color, Black

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 18 Josephine St.

Cause of Death, First (Primary), Bronchitis Capillaris

Second (Immediate) Apnoea

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Shanks St Cemetery

Date of Burial, Dec 7 1884

Undertaker Abt Hannahey

Place of Business,

Edw D. Coulson M. D.
Medical Attendant.

Address, 244 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits for ... No. 79989

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79989 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva V. Orem

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 583 Hanover St.

Cause of Death, First (Primary),

Second (Immediate), Convulsions "

Duration of Last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 7th 1884

Undertaker, Armiger & Denny

Place of Business, 263 Light St

R. J. H. Tate M. D.
Medical Attendant.

Address, 152 Harrison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 79990

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79990 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward F. Albright

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 20 *Years,* 10 *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation Cigar Maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, { Give street and Number. } 128 Mc Henry

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), " "

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 8th 1884

Undertaker Jos B. Cook

Place of Business No 704 W Baltimore St

J. H. Christian M. D.
Medical Attendant.

Address, 506 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 79991

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible], and to List of Diseases on Back of this Certificat

Board of Health, City of Baltimore,

Permit No. 79991 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5- '84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hutt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days,*

Color, Dark

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 69 Russell St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Dropsy

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 7th 1884

Undertaker, Wm. N. Dunger

Place of Business, [illegible] Bond St

J. Tyler Smith M. D.,
Medical Attendant.

Address, 167 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

19992

The Special Attention of Physicians is [illegible] to the [illegible] of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19992 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE DEC 7 1884

CERTIFICATE OF DEATH.

Date of Death, December 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caleb Martin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Cross st near Howard

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cem

Date of Burial, Dec 8th 1884

Undertaker, H Ross

Place of Business,

J Thurston Ellis M. D.

~~Medical Attendant.~~

Address, Cor Pitt & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry McM^cKewen Sanitary Inspector

No. 79993

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 19993 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 6 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael P Dalton

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, 21 *Years,* — *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Cash Driver.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and Number. } City Hospital

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, December 7/884.

Undertaker, Henry McGinnis

Place of Business, 17 N Central Ave

H. R. Olin M.D., Medical Attendant

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is ... of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79994 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE DEC 7 1881

CERTIFICATE OF DEATH.

Date of Death, December 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Reaney

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* *Days*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 695 Saratoga St

Cause of Death, First (Primary), Fracture of Femur at Hip -

Second (Immediate), Prostration

Duration of Last Sickness, Hour Week

All the above information should be furnished by the Physician.

Place of Burial, Bait. Cemetery

Date of Burial, Dec. 8, 84

Undertaker, Wm J. Tucker

Place of Business, 65 S. Eutaw St *Address,* 59 W. Fayette St

J. J. Littlecum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 19995

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible], and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19995 *Office of Registrar of Vital Statistics.* Ward 15 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Oscar Garner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 2 Reese Court

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 7/84

Undertaker, H R Poe

Place of Business,

James H Cleaves M. D.

~~Medical Attendant~~

Address, Camp 16. V R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M McKewen Sanitary Inspector

No. 17996

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 17996 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 6 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Duffy

~~Sex, Male~~ or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 72 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 94 Sarah St

Cause of Death, First (Primary), Natural Regurgitation

Second (Immediate), Weight to Dream Heart

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 8th 1884

Undertaker, Geo. B Cook

Place of Business, 1707 E. Baltimore

J. McClatt M. D.
Medical Attendant.

Address, B. G. D

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 79997

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 79997 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Agnes Wells

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Usa

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 319 N. Carey

Cause of Death, First (Primary), Chronic Atrophy of Liver

Second (Immediate) Exhaustion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 8th /84

Undertaker J. C. Kunzhaus

Place of Business, 298 Penna Ave

Henry Chandlee M. D.
Medical Attendant.

Address, 181 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians ... List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79998 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 8 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen P. Jay

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City—

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give Street and Number.} # 317 Alice Anna St.

Cause of Death, First (Primary), Tetanus Nascentium

Second (Immediate),

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Dec 8 1884

Undertaker, Jorge Franco

Place of Business, Bank Wolf

John H. Kehberger M. D. Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

OVER.

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SAFETY FILM

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 80001 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Hutzler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months.* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} # 1 Bank or Court near Caroline St

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Decem 8 1884

Undertaker, Michael Punk

Place of Business, 95 Bank St

John H. Kehberger M. D.
Medical Attendant.

Address, 243 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80902 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1884. Nunnally.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria A. Nunnelly.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Chesapeake Co. Va

Duration of Residence in the City of Baltimore, 19 years.

Place of Death, {Give Street and Number.} 577 Light St.

Cause of Death, First (Primary), Chronic Valvular Dis. of Heart.

Second (Immediate), Apoplexy.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dec 8th 1884

Undertaker, Armstrong

Place of Business, 2632 Jeff St

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80003 *Office of Registrar of Vital Statistics.* Ward 13 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dicr 8th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rudoeph Pintock Pintock

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, An migrant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, one week

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Blood Poisoning

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Decbr 8th 1884

Undertaker, H. Sanders Son

Place of Business, 252 Canton Av. *Address,* University Hospital

F. F. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of [illegible]

Health Department, City of Baltimore.

Permit No. 80004 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD
DEC 3 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cunningham

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 29 Harris Alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical

Date of Burial, Decbr 4th 1884

Undertaker, H. C. Sander & Son

Place of Business, 252 Canton Av. *Address,* [illegible]

W. H. Watkins M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80005 *Office of Registrar of Vital Statistics.* Ward 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED DEC 8 1884 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, December 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Fitzgerald

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 90 *Years,* —— *Months.* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cork, Ireland

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give Street and Number.} No. 23 Thames Street

Cause of Death, First (Primary), ——

Second (Immediate), Old Age

Duration of Last Sickness, ——

All the above Information should be furnished by the Physician.

Place of Burial, Holy Prot. Cem.

Date of Burial, Dec. 9 1884

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

P. L. Dashiell, Jr. M. D.
Medical Attendant.

Address, 247 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Made one visit - about - four weeks ago -

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80006 *Office of Registrar of Vital Statistics.* Ward 1 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec. 7/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha E. Gephardt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *21 Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 195 S. Chapel St.

Cause of Death, First (Primary), Dropsy

Second (Immediate),

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 9th

Undertaker, Fred Goede

Place of Business, 29 S. Eutaw St

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Liver Dissection [illegible]

Board of Health, City of Baltimore.

Permit No. 80007 Office of Registrar of Vital Statistics. Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1884

CERTIFICATE OF DEATH.

Date of Death, Dec. 7, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Graaf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* 8 *Months,* — *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 111 N. Washington St.

Cause of Death, First (Primary), Inflammatory Rheumatism, Chorea

Second (Immediate), Heart Disease

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Dec 8 1884

A. K. Crusoe M. D.
Medical Attendant.

Undertaker John Keenan

Place of Business, 382 Eden St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the [illegible]

Health Department, City of Baltimore.

Permit No. 80008 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 8 1884
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Hasse

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 292 S Charles St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Dec 9th 1884

Undertaker, Colin Kennedy. Medical Attendant. Howard Bond M. D.

Place of Business, 382 E Lanvale *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80009 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 5 1884
BALTIMORE MD.

13

CERTIFICATE OF DEATH.

Date of Death, Dec 3" 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex Rogers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 11 *Years,* *Months,* *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} #34 East St.

Cause of Death, First (Primary), Heart disease

Second (Immediate),

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, E Public cemetery

Date of Burial, Dec 5"84

Undertaker, Geo Reinhart — J Ernst Lewis M. D.

~~Medical Attendant.~~

Place of Business, City Hall — *Address,* Camp N. W. R.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Geo C. Fitzpatrick

[Over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80020 *Office of Registrar of Vital Statistics.* Ward 8 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. DEC 8 1884

CERTIFICATE OF DEATH.

Date of Death, December 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Bright

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 228 S. McKim St

Cause of Death, First (Primary), Bright's Disease

Second (Immediate),

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 8 1884

Undertaker, Abe Hensley

Place of Business,

Wm. E. Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully ...

Health Department, City of Baltimore.

Permit No. 8094 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sommer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2E *Years,* 10 *Months,* 2 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give Street and Number.} 46 N. Central av

Cause of Death, First (Primary), Diphtheria Haemodynamic Prostration

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Gen

Date of Burial, Dec 9th

Undertaker, Chas Fussing

Place of Business, 125 Caroline *Address,* 166 S Ann St

C. A. Buddenbohm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Date of Death on this Certificate.

Health Department, City of Baltimore.

Permit No. 80012

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED DEC 6 1884 REGISTRAR BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalie Margaret Zebelius

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give Street and Number.} 263 Canton Avenue

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Dec. 8th '84

Undertaker, G. Frank

Place of Business, Frank & Wolfe

Louis C. Denuelle M. D.
Medical Attendant.

Address, 799 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully ...

Health Department, City of Baltimore.

Permit No. 80013 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 8 1921
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 7th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhard Ferran

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M F

Age, 1 Year *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 242 Gough St.

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Tubercular Meningitis

Duration of Last Sickness, 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, Dec. 9th 84

Undertaker, G. Ferran

Place of Business, Bantz & Wolfe *Address,* 225 Mulberry St

Louis [illegible] Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80014 *Office of Registrar of Vital Statistics.* Ward 7 (1)

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 8 1884 BALTIMORE, MD.

Date of Death, Dec 6/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Hazel Barnes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 406 N Eden St

Cause of Death, First (Primary), Tuberculous Cerebral meningitis

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Norwich - Conn

Date of Burial, Nov 8. 1884

Undertaker Wm H Hackman

Place of Business 2341 N Gay St

E. A. Warner M. D.
Medical Attendant.

Address, 93 Valley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3500 Fraser

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 80015 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT DEC 8 1884 BALTIMORE MD.

Date of Death, Dec 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry A Hull

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 9 *Months.* 6 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1420 Dallis st

Cause of Death, First (Primary), Probably Diphtheria

Second (Immediate),

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec 9th 1884

Undertaker, John L Dillon

Place of Business, 142 Caroline *Address,* 211 Bond

D M Cathell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Requested

Board of Health, City of Baltimore.

Permit No. 80016 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ephraim Line

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 63 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~ { Cross out the word not required in this line. }

Occupation Trunk Manufacturer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, { Give street and Number. } 359 W. Lombard St.

Cause of Death, First (Primary), ~~Softening of~~ Atrophy of Spinal Cord & Brain. Exhaustion

Second (Immediate),

Duration of Last Sickness, 5 years.

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, Dec. 9th 1884

Undertaker Wm. Glass

Place of Business, 101 Gough St

H. W. Hebner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible]

Health Department, City of Baltimore.

Permit No. 8007

Office of Registrar of Vital Statistics.

Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 8/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonio,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* ~~Days~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec. 9/84.

Undertaker, Frank Mc Veagh,

Place of Business, Shirin & Hansen

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem Av. Calton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to ...

Board of Health, City of Baltimore,

Permit No. 80018 *Office of Registrar of Vital Statistics.* Ward 12 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 5 1884

Date of Death, december 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael O'Connor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} —

Age, 76 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.} —

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} County Cork Ireland

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and Number.} 207 Druid Hill Av.

Cause of Death, First, (Primary,) Catarrh

Second, (Immediate,) Bronchi Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Boston

Date of Burial, Dec. 9th 1884

Undertaker, Chas. T. Servis

Place of Business, 2 1/2 E. Eutaw

Edward A. Faust M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3501 Fawcett

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 80019 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1884

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Whitworth

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, 55 years.

Place of Death, {Give Street and Number.} 12 North Avenue

Cause of Death, First (Primary), Paralysis

Second (Immediate), Exhaustion.

Duration of Last Sickness, 11 Mths.

All the above Information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Dec 9th 1884

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw

S. Rickey M. D.
Medical Attendant.

Address, 515 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Health Department, City of Baltimore.

Permit No. 80020 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 7th December 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lina Strauss

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 11 *Years,* 2 *Months.* 18 *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 319 W Pratt Street

Cause of Death, First (Primary), Brights disease

Second (Immediate), Convulsions

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Dec 9th 1884

Undertaker, Ph. Seewald

Place of Business, No 35 S Eutaw St *Address,* 205 W Lombard Street

S. E. Reinhardt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to...

Health Department, City of Baltimore.

Permit No. 80021 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1884

CERTIFICATE OF DEATH.

Date of Death, Dec. 8', 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Mahony

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* ... *Months.* ... *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Mrgd

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give Street and Number.} 482 S. Exeter

Cause of Death, First (Primary), Concussion of the brain

Second (Immediate), Paralysis & Prostration

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 9

Undertaker, J B Cook

Place of Business, 707 W Baltimore St

W. A. Jones M. D.

~~Medical Attendant~~. Coroner

Address, 326 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to

Permit No. 80022

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
DEC 9 1884
BALTIMORE

Date of Death, Dec. 7th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Thomas' Child

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 days ~~Years,~~ ~~Months,~~ Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maternite Hospital

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Maternite Hospital

Cause of Death, First, (Primary.) Tetanus Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Retained for

Date of Burial,

Undertaker, anatomical

Place of Business, purposes.

F. R. Nordmann M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to Rule [illegible]

Health Department, City of Baltimore.

Permit No. 80923 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hanah Hartman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 411 S. Eutaw St

Cause of Death, First (Primary), Debility

Second (Immediate), Emaciation

Duration of Last Sickness, Sickly from birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 9th 1884

Undertaker, Armstrong & Dorsey

Place of Business, Light St

J. M. White M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully [illegible]

Health Department, City of Baltimore.

Permit No. 80024 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Jones

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 6 *Months.* *Days*

Color, Cd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 23 Josephine St

Cause of Death, First (Primary), Syphilis

Second (Immediate), Brain Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, Dec 9 1884

Undertaker, William A Jones

Place of Business, 62 East St

W. R. McKenzie M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side

Board of Health, City of Baltimore,

Permit No. 80025 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Franklin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, —— *Years,* 14 *Months,* —— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and Number.} No 22 Stodder St

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Congestion of Brain 2 Days

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, Dec 9 1885

Undertaker, William Berger

Place of Business, No 62 East St

D. T. Nelson M. D.,
Medical Attendant.

Address, Balto City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 80026

Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 8 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Mack

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Eight *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 8 Chestnut st

Cause of Death, First (Primary), Pleuro Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Lowel Cemetery

Date of Burial, Dec 10 1884

Undertaker, William Burger

Place of Business, 62 East st

J. E. Grimes M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

19

Permit No. 80027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1884

CERTIFICATE OF DEATH.

Date of Death, December 7, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Holdsworth

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 12 *Years,* ——— *Months,* ——— *Days.*

Color, Col — *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Patient at ———

Cause of Death, First (Primary,) Whooping Cough —

Second (Immediate,) Exhausted Illness after Illness with Fever at about three weeks —

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Thorpe Cemetery, E. A. Holbrook M. D.

Medical Attendant.

Date of Burial, Dec 9 1884

Undertaker, William Dunger

Place of Business, 62 East st *Address* 155 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible]

Board of Health, City of Baltimore,

Permit No. 80028 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 9 1904 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 2 1904

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Bubnicker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Germany

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and Number.} 22 Kennedy Lane

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 1 1/2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 10 1904

Undertaker, L Hans

Place of Business, 317 Mulberry *Address,* 23 22 Lane

W. F. Hill M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 80029

Office of Registrar of Vital Statistics.

Ward 15 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace L. Schenkel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 273 Hanover St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, About 3 days

All the above information should be furnished by the Physician.

Place of Burial, mount Olivet.

Date of Burial, Dec 9 th

Undertaker, Henry Miller

Place of Business, Hanover St 81

J. M. Steele M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

(5-

Permit No. 80030 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 9 1884 BALTIMORE, MD.

Date of Death, Decb 6t 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} Hillen & East sts

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) "

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea *Date of Burial,* Dec 9 1884

Richd Sappington M. D.
Medical Attendant.

Undertaker, Chas P Byrne

Place of Business, Funeral *Address* 132 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty [illegible] during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish

Health Department, City of Baltimore.

Permit No. 80031 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7 Dec 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. H. Webster

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 3 *Months,* — *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} — Deals Island Somerset Co

Duration of Residence in the City of Baltimore. — 7 years

Place of Death, {Give Street and Number.} 451 E. Fayette St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Deals Island Somerset Co

Date of Burial, Dec 9 1884

Undertaker, John Keeney

Place of Business, 382 Orleans St *Address,* 214 E. Balto St

E. T. Lemon M. D.
Medical Attendant.

DEC 8 1884 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3502 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 80032 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Conroy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 59 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Yrs

Place of Death, {Give street and Number.} 19 Stockton

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), " "

Duration of Last Sickness, 3 Yrs

the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec 9 1884

Undertaker Martin Fahey

Place of Business, 128 Lawrence

J. H. Christian M. D.
Medical Attendant.

Address, 506 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80033

Office of Registrar of Vital Statistics. Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Pugh

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 2301 N Eden

Cause of Death, First (Primary), Cancer of Stomach

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 Mo

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Balto Co

Date of Burial, Dec 9th 1884

Undertaker, Wm H Hickman

Place of Business, 234 N Gay St

Chas Reynolds M. D.
Medical Attendant.

Address, 917 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 80034 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Thadeus Stevens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 12 *Years,* 5 *Months,* 3 *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, During life

Place of Death. {Give street and Number.} 64 Rear 2d

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, December 9th/84

Undertaker Thos J Sachs

Place of Business, 93 Jefferson St

Medical Attendant. M. D.

Address, 162 Main St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80035 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Evans

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 472 Hanover St

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery,

Date of Burial, December 9.

Undertaker, B Hanle.

Place of Business, West St 82,

Howard Carter M. D.
Medical Attendant.

Address, 2469 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Blanks Below, and to Use of Figures in Dates.

Health Department, City of Baltimore.

Permit No. 85036

Office of Registrar of Vital Statistics.

Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 9 1904

CERTIFICATE OF DEATH.

Date of Death, Dec. 8./04

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Herbert Lawton~~ Christina Himmel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 Years, Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 9 Gould's Lane.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 10

Undertaker, B Hauke.

Place of Business, 1281 St 82.

R. J. D. Tall M. D.
Medical Attendant.

Address, 152 S Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY

Health Department, City of Baltimore.

Permit No. 80037 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* *Days*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hartford Co Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} N 22 Gilbert St

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), the same

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Crew Sharp St

Date of Burial, Dec 9th /94

Undertaker, J E Mongle & Co

Place of Business, 298 Penna Ave *Address,* 169 N Charles St

Medical Attendant. *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80038 *Office of Registrar of Vital Statistics.* Ward 6 "1"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie DeHaven

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Sixteen Months. Days

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 439 E. Eager Street

Cause of Death, { First (Primary), Second (Immediate), Diphtheria

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, Dec 10/84 Wm H Glendinen M. D.

Medical Attendant.

{ *Undertaker,* Fry & Ford

{ *Place of Business,* 871 N Gilmor Address, No 402 N Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 80039 *Office of Registrar of Vital Statistics.* Ward 13-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1884

B

CERTIFICATE OF DEATH.

Date of Death, December 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Kelly by Mr. Carson

Sex, Male or Female, {Cross out the word not required in this line.} male (Parents

Age, —— *Years,* —— *Months,* 3 hours ~~Days,~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 1 Ley Dower Street

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 1 Ley Dower St

Cause of Death,
First (Primary), Unknown - It appears to be a 7 months child
~~go to full period of gestation~~ died not to go to full
Second (Immediate), period of gestation premature

Duration of Last Sickness, From birth until death which was 3 hours

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 10 1884

Undertaker Geo Leimbach

Place of Business.

Z. K. Wiley M. D.
Medical Attendant.

Address, 195 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 80040 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 9 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Elwood Fosdick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 4 *Months,* 2 *Days,* 6

Color, Colr

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 20 N Bullock st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Croup

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 11

Undertaker, Geo Schilling

Place of Business,

C Winslow M. D.,
Medical Attendant.

Address, 23 N Bullock st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80941

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 9 1894 BALTIMORE

Date of Death, Dec 7th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Nabb

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 86 *Years,* 8 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dallo City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 726 Woodward

Cause of Death, First (Primary), old age

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 10th 84

Undertaker, John Lane

Place of Business,

James A. Stewart M. D.

John R. Health Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

Permit No. 80042 Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard S Coskery

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 11 Months, — Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 408 Monument Ave

Cause of Death. { First (Primary), Catarhal Pneumonia

Second (Immediate). about 6 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Camp Chase Balto Co Md.

Date of Burial, Dec 10. 9 Am 1884

Undertaker H. C. Widefield

Place of Business, 40 Monument Ave

W. B. Billingslea M. D.
Medical Attendant.

Address, 228 E. Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8043 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Davis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 Hour *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} No 111 E Pratt st Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 111 E Pratt st Balto. city

Cause of Death, First (Primary), Premature Birth 6th mo.

Second (Immediate), Exhaustion

Duration of Last Sickness, One hour.

All the above information should be furnished by the Physician.

Place of Burial, Bocra. Cemetery

Date of Burial, Dec. 9 1884

Undertaker, W. Trunk

Place of Business, 35 Bank

J Ridgway André M. D.
Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80074 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 4 Months, Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 8 Plumb. alley

Cause of Death, First (Primary), Hydrocephaloid

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, December 9th/84

Undertaker, Sam'l W. Chase

Place of Business, 198 S. Howard St. *Address,* 210 Druid St

C. S. Booze M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80045 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 5 1884

CERTIFICATE OF DEATH.

Date of Death, 9th December 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Weaver

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 54 *Years,* ..... *Months.* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 Yrs

Place of Death, {Give Street and Number.} 298 West St.

Cause of Death, First (Primary), Malaria and dropsy

Second (Immediate), Tremor and exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, West Ave.

Date of Burial, 12/9/84

Undertaker, Dodd

Place of Business, 95 Lemmon

L. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Rules and Regulations of the Board of Health, City of Baltimore.

Board of Health, City of Baltimore.

Permit No. 80076 *Office of Registrar of Vital Statistics.* Ward 10½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th—1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bohn.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 9 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 220 Lexington St.

Cause of Death, First (Primary), Diphtheria,

Second (Immediate), Membranous Croup.

Duration of Last Sickness, Eleven days.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem't.

Date of Burial, Dec 11 84

Undertaker Walter Immue

Place of Business, 315 W. Biddle

Edward R Nard M. D.
Medical Attendant.

Address, 248 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8094 7 *Office of Registrar of Vital Statistics.* Ward 15 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Godfrey Ehrenschall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 85 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give Street and Number.} 213 Montgomery St

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Acute Nephritis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 10th 1884

Undertaker, E. F. Krause & Son

Place of Business, ——— *Address,* 146 Hanover St

Henderson 6 Fite M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80048 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, dec 8 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Carr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 24 *Days*

Color, Bk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 2 4

Place of Death, {Give Street and Number.} 3 & Peach alley

Cause of Death, First (Primary), Drention

Second (Immediate),

Duration of Last Sickness, Drentio

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 10

Undertaker, H Bosl

Place of Business, 95 Lombard St

C. W. Ellis M. D.
Medical Attendant.

Address, 313 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80049 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Wilson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Three *Years,* ~~*Months.*~~ ~~*Days*~~

Color, Brown

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 44 Greenwillow St.

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give Street and Number.} No. 30 Wilmore ally

Cause of Death, First (Primary), Cold

Second (Immediate), Consumption

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 12 1884

Undertaker, Robt Kennedy

Place of Business, —

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80050 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Allen

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* 6 mo *Months,* *Days*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 71 Arlington Ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 6 mo

All the above information should be furnished by the Physician.

Place of Burial, Nero, Cathedral Cem

Date of Burial, Dec. 10/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 306 N. Eutaw St

C. H. Wolf M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No. 80057 *Office of Registrar of Vital Statistics.* **Ward** 40

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Lambdin

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 12 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 118 S. Central Av.

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Transition

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Dec 10th 1884

Undertaker M. Clarke & Sons

Place of Business, 92 S. Amer St *Address,* 75 E. Balt. St.

J. W. Hanck M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80052 *Office of Registrar of Vital Statistics.* Ward 14 12 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1884.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Howard,

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 64 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give street and Number.} 479 Franklin st.

Cause of Death,
First (Primary), Suppressed, Fatty Degeneration of the Heart
Second (Immediate). Dyspnoea,

Duration of Last Sickness, A few hours

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 11th 84

Undertaker Henry Enkenbrand

Place of Business, Park & Saratoga Sts *Address,* 134 N. Carrollton Av.

John L. Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80053 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Dagelman

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 75 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 38 yrs

Place of Death, { Give street and Number. } 6 Brunner Court

Cause of Death, { First (Primary), Heart Disease

Second (Immediate), ...

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, ...

Undertaker Wm. F. Saunders

Place of Business, 1 E. Fayette

John Hood M. D.
Medical Attendant.

Address, 594 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

of this certificate.

Health Department, City of Baltimore.

Permit No. 80054 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decbr 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Schwarzkopf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 242 N Caroline St

Cause of Death, First (Primary), Acute Cerebral Congestion

Second (Immediate),

Duration of Last Sickness, 1 (one) Day

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Dec. 11th 1884

Undertaker, Adam Finck

Place of Business, 461 N. Gay St

C. O. Stone M. D.
Medical Attendant.

Address, 1st Export Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80055 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1884 ~~Marine~~ & fully,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace C. Brem

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 583 Hanover.

Cause of Death, First (Primary), —

Second (Immediate), Inanition.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 10 1884

Undertaker, [illegible]

Place of Business, 962 Light

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80056 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 10 1884

CERTIFICATE OF DEATH.

Date of Death, December 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days,*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Caterer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia - Life

Duration of Residence in the City of Baltimore, Life 20 years

Place of Death, {Give street and Number.} Hamburg St. near Eutaw St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Apoplexy

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lamb Cem.

Date of Burial, Dec 11/84

Undertaker, A Ross

Place of Business, ...

Lutzell M. D.,
Medical Attendant.

Address, 141 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8005 *Office of Registrar of Vital Statistics.* Ward 5 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 9 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Wright

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days*

Color, Colr

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} ** 63 Forest St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 10 1884

Undertaker, W W Medders

Place of Business, 46 East St Address 108 Aisquith St

C. Hall Ruth M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80058 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 10 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Hill Bodmin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 9 *Days,* 7

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 391 Franklin St

Cause of Death, First, (Primary,) Congestion of lungs

Second, (Immediate,) Convulsions

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Dec 10th 1884

Undertaker, L. Louis Schaefer

Place of Business, 1096 Fremont

A. F. Hill M. D.,
Medical Attendant.

Address, 23 E. Oa...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80059. *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Yates

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty One *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Gas Inspector

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No 156 Aliceanna Street

Cause of Death, First (Primary), ...

Second (Immediate), Gastritis

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 12/84

Undertaker, Fry & Son

Place of Business, 511 N Broadway Address, No 102 N Broadway

Wm H. Glendinning, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80060 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Bohlayer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 16 Hanover St.

Cause of Death, First (Primary), Intestinal Worms

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec. 10 1884

Undertaker, Michael Tivnan

Place of Business, No 35 Bank

F. L. Ihlen M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80061

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 10 1884

CERTIFICATE OF DEATH.

Date of Death, December 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Naughton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 4½ months

Place of Death, {Give street and number.} 76 Barnett St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnebrae Cemetery

Date of Burial, December 10th/84

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

J. H. Leavell — M.D.,
Medical Attendant.

Address, 77 Centre St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

of This Certificate.

Health Department, City of Baltimore.

Permit No. 80162 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Dick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* Three (3) *Months* Fourteen (14) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} Earl Street East of Federal St

Cause of Death,
First (Primary), Capillary Bronchitis
Second (Immediate), Asphyxia

Duration of Last Sickness, Two (2) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Center

Date of Burial, December 11, 1884

Undertaker, Henry Heath

Place of Business, 309 Central Ave *Address,* E. of Eager Caroline

J. W. Flower M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80063 *Office of Registrar of Vital Statistics.* Ward 17½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1884,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 141 Battery Ave

Cause of Death, First (Primary), ...

Second (Immediate). Asphyxia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Locust Hill

Date of Burial, Dec 11

Undertaker B. Ward

Place of Business, 82 West } *Address,* 152 Shaw St.

R J H Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80064 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 10 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie C. Colbert

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 9 *Years,* 11 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Child

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dalla.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 184 Penna. ave

Cause of Death, First (Primary), Phisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Dec. 12 - 1884

Undertaker, Wm. Hutchman

Place of Business, 284 W Gay

H. Smith M. D.
Medical Attendant.

Address, 143 N Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80065 *Office of Registrar of Vital Statistics.* Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Dushane Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 1 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 79 E. Biddle st

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 4 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 11 1884

Undertaker, W. H. Hickman

Place of Business,

James A Steuart M. D.
~~Medical Attendant.~~

Address, Cor Mt & Pt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Henry M. McKeown Sanitary Inspector

Board of Health, City of Baltimore.

Permit No. 80066

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
DEC 12
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec. 10 — "84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene J. Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days.*

Color, Col.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, No one knows

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Deep burns involving muscles of both legs from knee down, causing gangrene & exhaustion

Second, (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, Dec 11" 84

Undertaker, Geo. Rinehart

Place of Business, Forrest Place

Alexander Hill, M.D.,
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80067 *Office of Registrar of Vital Statistics.* Ward 20th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 10/84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles H. Mumill
mumill

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 1 *Months,* 15 *Days,*

Color, white.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } child

Occupation, none

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 11 Clinton

Cause of Death, First, (Primary,) Diphtheria
Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 11th 1884

H. Rattenbaff M. D.,
Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 25 Park Ave.

Address, 205 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Health Department, City of Baltimore.

Permit No. 80068 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 102 S. Exeter St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asphyxia

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, December 11 84

Undertaker, Wm. Franks

Place of Business, 35 Bank St. *Address.* Balt. & Bank. Co.

G. G. Lurk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 80069 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Nohrma

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3. *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 12 E. 124 Penn sts

Cause of Death, First (Primary), Tuberculas Meningitis

Second (Immediate),

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Dec. 11. 1884

Undertaker C. F. Leach Co.

Place of Business, 249 N. Durham St.

L O Wintermute M. D.

~~Medical Attendant.~~

Address, 12 S Odenst

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 80070

Office of Registrar of Vital Statistics. 16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Reed

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, Colo

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 47 Elbow Lane

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Whole life

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Dec. 11th 1884

Undertaker, Sam'l Chase

Place of Business, Lord & Lee

H. C. Smith *M.D.,*

Medical Attendant.

Address, 106 Olive Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80671 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Dribel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60. *Years,* — *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Foreman for Gail & Ax Tobacco Work

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 159 S. Charles St

Cause of Death, First (Primary),

Second (Immediate), Bright's disease of the Kidney

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec 12th 1884

Undertaker, Th. Seywald

Place of Business, 35 S. Eutaw St *Address,* [illegible]

Richard Corla M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 8072 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 10 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly M. Kinsel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 2 *Months,* 9 *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 61 Lancaster St.

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Dec. 12. 1884

Undertaker, H. A. Haigis

Place of Business, 74 S. Bway *Address,* 94 Broadway

J. H. Hatch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...k of this Certificate

Board of Health, City of Baltimore,

Permit No. 8003 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Fisher

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life less four years

Place of Death, {Give street and Number.} 327 Myrtle Ave

Cause of Death, First (Primary), Intermittent Fever

Second (Immediate), Intercurrent Pneumonia

Duration of Last Sickness, 3 Weeks

the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 11 1884

Tho. S. Latimer M. D.
Medical Attendant.

Undertaker Wm Breckenridge

Place of Business, 132 W Hoffman *Address,* 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 88774 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 11 1884

Date of Death, Dec 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie H Ellis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} C

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and Number.} 360 N Fulton ave

Cause of Death, First, (Primary,) Chronic Abscess

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 11th 1884

Wm Cowan M. D.,
Medical Attendant.

Undertaker, D Emry & Mitchell

Place of Business, 630 W Fayette st *Address,* 162 S. Charles st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 86075 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 10. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary V. Burrier

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 62 E Chase St

Cause of Death, First (Primary), Cancer of Larynx, 6

Second (Immediate), Exhaustion

Duration of Last Sickness, 15 Months,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park A

Date of Burial, Dec 12 1884

Undertaker Henry Hack

Place of Business, 309 N Eutaw St

J. J. Chambers M. D.
Medical Attendant.

Address, 1331 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 80076 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 11 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Lee Stuckhard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 2 *Months,* — *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 140 Williams St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Gangrene of Lung

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 12 84

Undertaker, B. Hecht

Place of Business, —

H. B. Noble M. D.
Medical Attendant.

Address, 37 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80077 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 11

CERTIFICATE OF DEATH.

Date of Death, Dec 10 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Krauss

Sex, ~~Male~~ ~~or~~ *Female,* { Cross out the word not required in this line. }

Age, 67 *Years,* 3 *Months,* 13 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation House Keeping

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 441 S Saratoga St.

Place of Death, { Give street and Number. }

Cause of Death, First (Primary), Ulceration and Stricture of the rectum

Second (Immediate), exaustion as result of above

Duration of Last Sickness, ~~One year and~~ 18 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 12th 1884

Undertaker Walter Immel.

Place of Business, 315 W. Biddle St

A M. Norman MD ~~M. D.~~

Medical Attendant.

Address, 128 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80078 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 10/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Aler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick County

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give Street and Number.} # 440 W. Lombard St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Congestion of brain

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 12th 1884

Undertaker, John. J. Mackin

Place of Business, No 150 Camden

F. L. Dean M. D.
Medical Attendant.

Address, 287 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 80079 *Office of Registrar of Vital Statistics.* Ward 1st 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 12 1884

CERTIFICATE OF DEATH.

Date of Death, Dec, 10th 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Joseph Hall

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* 10 *Months,* *Days,*

Color, Wh

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt City — 2y —

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 396 E. Lombard St.

Cause of Death, First (Primary), Meningitis (Tubercl)

Second (Immediate), Coma

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Dec 13th 1884

Undertaker STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

Place of Business,

E. B. Bibbo M. D.
Medical Attendant.

Address, 57 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80080 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE DEC 12 1884

CERTIFICATE OF DEATH.

Date of Death, December 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Achtziger

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months.* — *Days*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 440 Canton Av

Cause of Death, First (Primary), Pulmonary Phtisis

Second (Immediate), The same

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemtry.

Date of Burial, Decbr. 14th 1884

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann.

Henry Salzer M. D.
Medical Attendant.

Address, 169 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 80081 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. R. Kelly

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months.* 13. *Days*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 109 n. Chapel st

Cause of Death, First (Primary), Anch. Gastritis

Second (Immediate), Hemateneusis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 12th 1884

Undertaker, J. J. Locke

Place of Business, 413 Jefferson

Wm. L. Russell M. D.
Medical Attendant.

Address, 238 n Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...of this Certificate

Board of Health, City of Baltimore,

Permit No. 8008 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Butcher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 9 *Months.* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 18 St. Christen St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 mo.

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemy

Date of Burial Decem 14th 1884

Undertaker Denny & Mitchell

Place of Business, 68 S Broadway *Address,* 375 E. Balto. St.

C. P. Irons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

This Certificate

Board of Health, City of Baltimore,

Permit No. 80083 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED DEC 12 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, December 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Willie Eckhoff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 23 Days,

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 35 E. Fayette St.

Cause of Death, First (Primary), Bronchitis Capillary

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com.

Date of Burial, Saturday Dec. 13/84

Undertaker Hughes Spencer & Co.

Place of Business, 60 E Baltimor St. *Address,* 344 E. Baltimore St.

J. H. Collinberry. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...or this Certificate.

Health Department, City of Baltimore.

Permit No. 80084 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. DEC 12 1894 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec the 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry C. Wilhelm

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months~~ 21 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, for Life time

Place of Death, {Give Street and Number.} 65 S. Reg Register St

Cause of Death, First (Primary), Convolsion & Spasm

Second (Immediate),

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemtery

Date of Burial, Dec the 12th

Undertaker, H. Sanders & Son

Place of Business, 252 Canton Av

James A. Stewart M. D.

~~Medical Attendant.~~ Com of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Emanuel Weinman,

...or this Certificate.

Health Department, City of Baltimore.

Permit No. 80085 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEATH CERTIFICATE DEC 12 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. E. Hall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Freight worker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Del. Island Neck, Talbot Co.

Duration of Residence in the City of Baltimore, Thirty-five years

Place of Death, {Give Street and Number.} 27 E. Pratt St

Cause of Death, First (Primary), Congestion Pneumonia

Second (Immediate), Pneumo Thorax

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 14/84

Undertaker, Fry & Bro

Place of Business, 7 N Gay *Address,* Balt. & Wash. R.R.

G. G. Lusk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80086 *Office of Registrar of Vital Statistics.* Ward 1 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Jenkins Pattison

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 27 *Years,* *Months.* *Days*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, fireman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 16 Hanover St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Acute lobular nephritis

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 14th 1884

Undertaker, Henry W. Mears

Place of Business, #46 N. Gay St

G. Glanville Smith M. D.
Medical Attendant.

Address, Balt. & Md.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80087 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George S. Feurst

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 19 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 188 Gilmor St

Cause of Death, First (Primary),

Second (Immediate) Membranous Croup

Duration of Last Sickness, about 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 14th 1884

Undertaker, John M McCoy

Place of Business, 22 W. Fayette St

H. R. McShane M. D. Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...this certificate.

Health Department, City of Baltimore.

Permit No. 80088 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Brenner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months.* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 313 Eastern Avenue

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 12th 84

Undertaker, G. Franc

Place of Business, [illegible] *Address,*

L. A. Dilkus *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80089 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th December 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Bee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House-Work

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give Street and Number.} 398 West St.

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Exhaustion

Duration of Last Sickness, one day

All the above Information should be furnished by the Physician.

Place of Burial, Northwestern Cem.

Date of Burial, December 12

Undertaker, Hercules Ross

Place of Business, 95 Conway St *Address,* 146 Hill St.

L. D. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3503 Wanzel [OVER.]

Health Department, City of Baltimore.

Permit No. 80090 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE MD. DEC 12 1884

CERTIFICATE OF DEATH.

Date of Death, December 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline E E Miller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months.* 7 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 204 Hartford av

Cause of Death, First (Primary), Malignant Diphtheria

Second (Immediate), Gangrene — Septicaemia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto County Co

Date of Burial, Dec 13th 1884

Undertaker, Denny & Mitchell

Place of Business, 53 & N Gay St *Residence,* 188 Saratoga St

R. H. Mifflin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...k of this Certificate.

Health Department, City of Baltimore.

Permit No. 8009 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 12 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Sewell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 4 Richard st

Cause of Death, First (Primary), Not Known

Second (Immediate), Phthisis

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 14th 1884

Undertaker, Chas. F. Evans

Place of Business, 24 Watson St *Address,* Eutaw & Hoffman

William Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80092 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 12 1884

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Horn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 63 Read st.

Cause of Death, First (Primary), Dentition & Pertussis

Second (Immediate), Bronchitis.

Duration of Last Sickness, 2 to 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, December 11th 84

Undertaker, Matthew Cadagan

Place of Business, 227 Mulberry St.

J. G. Matthews M. D.
Medical Attendant.

Address, Fayette & Pacca sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80093 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. BALTIMORE DEC 12 1884

Date of Death, Dec 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Walsh Watkins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 32 *Years,* —— *Months.* —— *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 108 Runnay St

Cause of Death, First (Primary), (Pregnancy)

Second (Immediate), Acute Nephritis. (Uraemic Poisoning)

Duration of Last Sickness, (Confined to bed) 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Dec 12th/84

Undertaker, W. Cadogan

Place of Business, 227 Mulberry St. *Address,* 108 Runnay St

Jno. D. Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 80694 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 5 P.M. Dec 11, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. Carter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Bookkeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 73 E. Baltimore St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Cemetery

Date of Burial, Dec. 13 '84

Undertaker, M. A. Daye

Place of Business, 74 S. Bway

C. O'H. Thomas M. D.
Medical Attendant.

Address, 66 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 50095 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 12 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Alice Sheely.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 52 George St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion.

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Bonne Brae.

Date of Burial, Dec 13th 1884

Undertaker, Walter Summel

Place of Business, 305 N. Biddle St.

L. Ricketts, *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ecticut. Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 5176 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
DEC 13 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Goodshalter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 297 N Durham

Cause of Death, First (Primary), Phthysis (Pulmonary) (Gelloping)

Second (Immediate), Exaustion

Duration of Last Sickness, Abut Eight weeks

The above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cemetery

Date of Burial, Dec 13/84

Undertaker J. F. Coach Mfg.

Place of Business, 249 N. Durham St. *Address,* 247 N. B Way

Thomas J Simms M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ck of this Certificate.

Health Department, City of Baltimore.

Permit No. 8097 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 10 1884 BALTIMORE, Tracy

CERTIFICATE OF DEATH.

Date of Death, Dec 10-84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bracy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore. —

Place of Death, {Give Street and Number.} St Joseph's Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, Dalton Public Cemetery

Date of Burial, Dec 12th 1884

Undertaker, Geo Rinehart

Place of Business, ...

Walter Wyman M. D.
Medical Attendant U.S.M.H.

Address, U S M H Hosp Service

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 80098 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 13 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Thursday Dec 11th 84

Full Name of Deceased. {Write legible and spell correctly. If an infant not named, give names of parents.} Alice Virginia Chapman

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* — *Days,*

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 62 Holliday St

Cause of Death. First (Primary), ...

Second (Immediate) Pneumonia Congs

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial. Laurel Cemetery

Date of Burial, Dec 13th 1884

Undertaker Wm H. Dwight

Place of Business. No 62 East St

Geo W Welch M. D.
Medical Attendant.

Address, 54 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80099 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 13 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Sondy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months.* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, one day

Place of Death, {Give Street and Number.} 87 Canton St

Cause of Death, First (Primary),

Second (Immediate), Premature birth — 8 months

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec 13. 1884

Undertaker, H. Sanders & Son

Place of Business, 252 Eastern Ave *Address* 52 East St

E. Williams, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

Health Department, City of Baltimore.

Permit No. 8610 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11, 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Hettinger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 20 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1 W. addition alley 2 doors from Hanover

Cause of Death, First (Primary), accident

Second (Immediate), Shock

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Chm

Date of Burial, Dec 13th 1884

Undertaker, L Hans

Place of Business,

W. A. Jamm M. D.

~~Medical Attendant~~ Coroner

Address, 326 Wallace St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ox of this Certificate

Board of Health, City of Baltimore.

Permit No 8010 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the present tion of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 10 1884

Full Name of Deceased. {Write legibly and spell correctly. If a infant not named, give names of parents.} George Fausch

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Tobacconist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death. {Give street and Number.} 126 n Gay st

Cause of Death, First (Primary), Incontinent Urine Paralysis

Second (Immediate), ~~Apoplexy~~

Duration of Last Sickness, not a half hour

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec 13th 1884

E. G. Baldwin M. D
Medical Attendant.

Undertaker Wm. H. Hickman

Place of Business 234 N. Gay st *Address,* 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 8 0 1 6 2 — *Office of Registrar of Vital Statistics.* — Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 13 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 13th 1884

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} Mary Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 11 *Months.* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 239 Hanover St

Cause of Death,
First (Primary),
Second (Immediate), Pneumonia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 14th 1884

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address,* 416 Hanover

W. Gordon Coale M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

... of this Certificate.

Health Department, City of Baltimore.

Permit No. 80153 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 11. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John P. Emrich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 78 *Years,* 5 *Months,* 9 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 32 Years.

Place of Death, {Give Street and Number.} 309 N. Caroline St.

Cause of Death, First (Primary), Paresis of Diaphragm (Singultus) whooping cough

Second (Immediate), Asthenia

Duration of Last Sickness, 8 or 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 15th

Undertaker, Geo Schilling

Place of Business,

W. F. Kirk M. D.
Medical Attendant.

Address, 55 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...this Certificate.

Health Department, City of Baltimore.

Permit No 80164 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adella Foole

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 4 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 150 Battery Ave

Cause of Death, First (Primary),

Second (Immediate), Intussusception of Bowels

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Dec. 14

Undertaker, E. Ward

Place of Business, 82 West 11

Robert L. Rowe M. D.
Medical Attendant.

Address, 338 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ck of this Certificate.

Health Department, City of Baltimore.

Permit No. 80165 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 11. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Keys

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, [illegible] *Years,* — *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 698 Light St

Cause of Death, First (Primary),

Second (Immediate), Infantile Trismus

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Decemb 13

Undertaker, B. H. Hall

Place of Business, 82 West St

Fred'd Lortz M. D.
Medical Attendant.

Address, 1102 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 80176 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E. Foss

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, 30 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} B.&O.R.R. Office Cor Lou & Howard

Cause of Death, First, (Primary,) Struck by Engine 445 on B.&O.R.R. East of Lombard St

Second, (Immediate,) Injuries received

Duration of Last Sickness, Instant (1/2 hour)

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet C

Date of Burial, Dec 13

Undertaker, B. Hagg

Place of Business, 82 West St

Dr. [illegible] M. D.,
Medical Attendant.

Coroner

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

...ack of this Certificate.

Permit No. 80147

Office of Registrar of Vital Statistics.

Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Lightner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 15 Eden St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Dec. 14th 84

Undertaker, G. Frazer

Place of Business, Franz & Wolfe

E. Julian M. D.
Medical Attendant.

Address, 33 Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK S'AF

of this Certificate.

Health Department, City of Baltimore.

Permit No. 80108 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie May Miller

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 6 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 1344 Eastern Av.

Cause of Death, First (Primary), Pneumonitis

Second (Immediate), Convulsions

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec. 14th 84

Undertaker, G. Franck

Place of Business, Franck & Wolfe

John H. Rehrer M. D.
Medical Attendant.

Address, 243 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80709 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 13 1884

CERTIFICATE OF DEATH.

Date of Death, 10th December 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Harriet Nichols

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* 11 *Months,* 13 *Days*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, House-work

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 288 S. Howard St.

Cause of Death, First (Primary), Ovarian Dropsy et tumors

Second (Immediate), Exhaustion

Duration of Last Sickness, 8. weeks

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, Dec 14th 1884

Undertaker, Jam[illegible] W. Chase

Place of Business, 198 S. Howard st *Address,* 146 Hill St.

L. D. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Physician is respectfully invited to the Remarks Below, and to Last of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8010 — *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED DEC 13 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeremiah Patterson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* 6 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Dyer & scourer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 94 States St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, about 4 years

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 14th 1884

Undertaker Jno. H. Ware

Place of Business, 198 S. Broadway

D. W. Cathell M. D.
Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael J. Leary

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No - 382, Bank st, 1st Ward

Cause of Death, {First (Primary,) ..... Second (Immediate,) Inflammation of Bowels

Duration of Last Sickness, Three (3) wks.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Dec 13th 1884

Undertaker, M. Clarke & Son

Place of Business, 92 S. Arm

A. L. Clarke M. D.
Medical Attendant.

Address, 237 Gough st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...k of this Certificate.

Health Department, City of Baltimore.

Permit No. 8012 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Pearce

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 93 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Aberdeen & Granby

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Senility

Duration of Last Sickness, 4 or 5 Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 14 91

Undertaker, James McGinnis

Place of Business, 143 Aisquith St

Geo. B. Remsey M. D.
Medical Attendant.

Address, 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ex of this Certificate

Board of Health, City of Baltimore.

Permit No. 8013 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 13/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr John. Spicer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 84 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Merchant Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 65 Years.

Place of Death, {Give street and Number.} 418 N Carey St

Cause of Death, First (Primary), Heat disease

Second (Immediate), Old age

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 15th

Geo. W. Jones. M. D.
Medical Attendant.

Undertaker Andrew Robb

Place of Business, 45 Lima Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

(8

Permit No. 80114

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lea. Eschbach

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 57 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Paver & Contractor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, nearly all life

Place of Death, {Give street and number} 13 W. Biddle Street

Cause of Death, First, (Primary,) Chronic Alcoholism

Second, (Immediate,) Ulceration of bowels & exhaustion.

Duration of last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec. 14/84

J. R. Uhler M. D.
Medical Attendant.

Undertaker, Chas. F. Scriven

Place of Business, 2 7 & N. Eutaw *Address,* 934 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ark of this Certificate.

Health Department, City of Baltimore.

Permit No. 80153 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Gray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, / *Years,* 2 *Months.* — *Days*

Color, ~~do~~

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} S Caire Nr Fulton St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 13/84

Undertaker, Wm A. Dunger

Place of Business, [illegible]

Thos A Shearer M. D

~~Medical Attendant~~

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo. E. Brown
Sanitary Inspector

...Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8116 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Spence

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany in this County 30 yrs

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give Street and Number.} 64 Frederick Ave

Cause of Death, First (Primary), Cirrhosis Liver

Second (Immediate), Paralysis Heart

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brey

Date of Burial, December 14th

Undertaker, Jno R Rawlins

Place of Business, 66 Frederick Ave

J. W. Clark M. D.
Medical Attendant.

Address, B. G. D

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8017 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George S. Kinnemon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36. *Years,* ~~1 year~~ *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Physician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} S. E. Corner Pratt and Little Gough Sts

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), Cachexia

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Monday Dec 15/84

Date of Burial, Green Mount Cem

Undertaker, Thos J Hughes

Place of Business, 60 E Balto St

Jno. S. Smith M. D.
Medical Attendant.

Address, No 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

will call P.M. 12 Dec

Please leave above certificate Dispensary

...specially attention to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80118 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1884

CERTIFICATE OF DEATH.

Date of Death, Dec. 13/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mimi S. Stewart

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 3 *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bald. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 112 N. Carlin St.

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 14th 1884

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 52 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80119 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 12 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Wilson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* 11 *Months,* *Days,*

Color, Colored

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Charles Co

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 131 Stirling St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial New Asbury & Green

Date of Burial, Dec 13 1884

Undertaker, Alf Kennedy

Place of Business,

D V Moyer M. D.,
Medical Attendant.

Address, 192 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 80129 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Zach. L. Jackson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* —— *Months,* —— *Days,*

Color, Wh.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Iron Worker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 108 Conkling St.

Cause of Death, First (Primary), Phthisis Pulm.

Second (Immediate), Asthenia

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill.

Date of Burial, December 14

Undertaker B Hartle.

Place of Business, West St 82.

E A Button M. D.
Medical Attendant.

Address, 57 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8121 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 15 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 13/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincent -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months.* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. vincent's Infant Asylum.

Cause of Death, First (Primary), Ileo - Colitis.

Second (Immediate), Drawlen Exhaustion.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec. 14/84

Undertaker, Frank McVeagh

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Darley ave, Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...or this Certificate.

Health Department, City of Baltimore.

Permit No. 80122 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Thompson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* — *Months.* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U.S.A.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 251 Hoffman St Balto.

Cause of Death, First (Primary), Age + exposure

Second (Immediate), Heart failure

Duration of Last Sickness, Died in few hours after being taken sick

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 15 1884

Undertaker, Henry Hoeck

Place of Business, 305 N Eutaw *Address,*

B. S. Rosebury M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 80123 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna G. Reese

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No. 173 E. Monument St

Cause of Death, First (Primary), Croup

Second (Immediate),

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, O.R.M.E. Cemetery

Date of Burial, December 15th 1884

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* 169 E. Fayette St

B. Hall M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Spaces to be filled by the Physician in attendance, according to the Memoranda below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80124

Office of Registrar of Vital Statistics.

18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 13/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George C. Heidelbach

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 1 month.

Place of Death, {Give street and number.} 69 Frederick avenue.

Cause of Death, First, (Primary.) Laryngeal Phthisis.

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, Dec. 14/84.

Undertaker, Denny & Mitchell.

Place of Business, 550 W. Fayette

R. H. Goldsmith, M.D.,
Medical Attendant.

Address, Harlem ave Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 80125 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED DEC 13 1884

CERTIFICATE OF DEATH.

Date of Death, 12-13-84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Abbott

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 2 *Years,* 7 *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} 79 Wyeth St.

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec. 15/84

Undertaker, R J Dill

Place of Business, 183 Columbia Av

J H Hunter M. D.
Medical Attendant.

Address, 26 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80126 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 14 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Dec 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Joseph Brockhammer (Parents)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 11 S. Madison Ave

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, all his Life

All the above information should be furnished by the Physician.

Place of Burial, Co Public Cemetery

Date of Burial, Dec 14th 1884

Undertaker, Geo Reinhardt

Place of Business, Lowest Price

Chas A Cleaves M. D.

~~Medical Attendant.~~

Address, Cumberland Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

of this Certificate.

Health Department, City of Baltimore.

Permit No. 80127 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 11th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Price

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months.* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, 1 mo

Place of Death, {Give Street and Number.} 47 Carlton st

Cause of Death, First (Primary), measles

Second (Immediate), Bronchitis (chronic)

Duration of Last Sickness, 9 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 14th 1884

Undertaker, Wm M. Duncan

Place of Business, No 62 East st

J. M. Huntley M. D.
Medical Attendant.

Address, 22 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 8012 8 *Office of Registrar of Vital Statistics.* Ward 5 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Bordley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 20 *Months,* 11 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 46 L McElderry

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 46 L McElderry

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) "

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 14th 1884

Undertaker, W. A. Kemp Sons

Place of Business, 192 East Lt. *Address,* 192 Augusta St.

D V Moyer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ce of this Certificate.

Health Department, City of Baltimore.

Permit No. 80129 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th. December 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Blutschinska

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~~

Occupation, ~~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give Street and Number.} Lancasterstreet 106

Cause of Death, First (Primary), Cyanosis

Second (Immediate),

Duration of Last Sickness, During lifetime

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsus Spirit

Date of Burial, December 14, 84

Undertaker, F Wesch & Co

Place of Business, 215 S Ann St.

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe 117.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80130 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 14 1891 BALTIMORE MD

Date of Death, Dec 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Allen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* ..... *Months,* ..... *Days*

Color, ed

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give Street and Number.} 336 Laburg St.

Cause of Death, First (Primary), Gastritis

Second (Immediate), Pulmonal Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Balt Co. south post

Date of Burial, Decemb 14

Undertaker, William A Dwyer

Place of Business, 62 East St

[illegible] M. D.
Medical Attendant.

Address, 202 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ER of this Certificate

Board of Health, City of Baltimore,

Permit No. 80131 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* One *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} W. Pratt 12th between Greene & pt

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, I have seen it once since see 12 and 13th

All the above information should be furnished by the Physician.

Place of Burial Bath Cemetery

Date of Burial, Dec 15 / 84

Undertaker A Rosenberger

Place of Business 70 Lombard st

L. Obrinitz M. D.
Medical ~~Attendant~~.

Address, 12 S Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

of this Certificate.

Health Department, City of Baltimore.

Permit No. 80132 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Connie

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Do

Place of Death, {Give Street and Number.} 5th & Albemarle sts

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks home, Some time before with Cough

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Dec 14 84

Undertaker, Jno McGinnis

Place of Business, 1X E Baltimore St *Address,* 67 N Calvert St

Geo C Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ack of this Certificate.

Health Department, City of Baltimore.

Permit No. 80133 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Mck Saunders

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months.* 13 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give Street and Number.} 67 Eliot St.

Cause of Death, First (Primary), Catarrh

Second (Immediate), Croup

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Vernon Cem

Date of Burial, Dec. 15. 1884

Undertaker, H. Saunders Son

Place of Business, 252 Canton Ave

E. Jr. Chaney, M. D.
Medical Attendant.

Address, 33 Eliot St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...this Certificate.

Board of Health, City of Baltimore,

18 9

Permit No. 80134

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 15 1894
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 1894 Dec 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward J. Reilly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 402 Hollins St.

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate.) Phthisis of Lung Pneumonia

Duration of Last Sickness, 8 days attendance, one Month

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 15th

Undertaker, Dennis & Mitchell

Place of Business, 5-6-8 W. Fayette St

Wm J. S. Larkin M. D.
Medical Attendant.

Address 204 or 206 Eutaw St

Undertaker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

of this Certificate.

Health Department, City of Baltimore.

Permit No. 80135 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. DEC 15 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, December 14. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Hoopes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt ~~Now~~ Life

Duration of Residence in the City of Baltimore, all her Life

Place of Death, {Give Street and Number.} 166 N Charles St

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Dec 16 1884

Undertaker, Armstrong & Denny

Place of Business, 263 Light St. *Address,* 46 Hanover St

Laurence Cottman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80136 *Office of Registrar of Vital Statistics.* Ward 13 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Sraun

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Welland

Duration of Residence in the City of Baltimore, Twenty (20) Years

Place of Death, { Give Street and Number. } 61 Parkin St

Cause of Death, First (Primary), ...

Second (Immediate), Paralysis

Duration of Last Sickness, Four (4) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, Dec 15th

Undertaker, John J Bowan

Place of Business, Holmes Hospital Address, 887 W Pratt St

D. L. Dain M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 5 [illegible]

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 12 — "84.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. H. Jackson

Sex, ~~Male or Female,~~ { Cross out the word not required in this line. } male

Age, 65 *Years,* — *Months,* — *Days.*

Color, Col. *Sex,* male

~~Married, Single, Widow~~ or *Widower,* { Cross out the words not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md. —

Duration of Residence in the City of Baltimore, During his life

Place of Death, { Give street and number. } No. 180 Chestnut St. —

Cause of Death, First (Primary,) Asphyxia, caused by the inhalation of

Second (Immediate,) gas from a burner accidentally turned

Duration of Last Sickness, About 4 hours. —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 16th. 1884.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Alexander Hill, M. D.
Medical Attendant.

Address Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health Department, City of Baltimore.

Permit No. 80138 *Office of Registrar of Vital Statistics.* Ward 6 & 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Cook

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 3 *Months.* 3 *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} ~~Married~~

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 418. E. Balto City

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 15 1884

Undertaker, Fry & Lee

Place of Business, 510 Broadway

Thomas B. Evans M. D.
Medical Attendant.

Address, 92 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of ... to this Certificate.

Health Department, City of Baltimore.

Permit No. 80139 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 15 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 13th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto P. Conradi

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* Yr. *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Brighton Md.

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give Street and Number.} 97 So. Caroline

Cause of Death,
First (Primary), Pneumonia
Second (Immediate), Asthenia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec. 15. 1884

Undertaker, Haunder & Sons

Place of Business, 252 Canton Av *Address,* 44 S. Broadway

G. L. Dintaman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80140 *Office of Registrar of Vital Statistics.* **Ward** 13 11/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1884

CERTIFICATE OF DEATH.

Date of Death, December 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Koch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, one *Years,* 7 *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} No 30 Bond st

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Septicemia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, Dec. 15. 1884

Undertaker H. C. Sanderson

Place of Business, 252 Canton

L D Whitcomb M. D.
Medical Attendant.

Address, 12 S Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80141 *Office of Registrar of Vital Statistics.* Ward 8 & 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1884

CERTIFICATE OF DEATH.

Date of Death, Decbr 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Brandau

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 10 Harford Ave

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Dropsy

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 16th 1884

Undertaker, Geo. Steinbach

Place of Business, 389 W. Pratt *Address,* Cor Eager & Carlin

J. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Special Attention ... to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80142 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 15 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 12. 14. '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet McPherson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* ... *Months.* ... *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 57 Carrollton Av

Cause of Death, First (Primary), Senility

Second (Immediate), Exhaustion

Duration of Last Sickness, Gradual

All the above information should be furnished by the Physician.

Place of Burial, Annapolis

Date of Burial, Dec 16/84

Undertaker, Tuttle

Place of Business, 151 N Broadway *Address,* 467 W. Fayette

L. L. Pitting M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

350 S Transet

[over.]

...this Certificate.

Health Department, City of Baltimore.

Permit No. 80143 *Office of Registrar of Vital Statistics.* Ward 3 1/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 15 1884 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Dec. 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. H. Price

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 27 *Years,* ..... *Months,* ..... *Days*

Color, colored

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, can maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Canada.

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give Street and Number.} 25 S. Caroline St.

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Marasmus.

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Cemetery Laurel

Date of Burial, Dec. 16th

Undertaker, Wilson & Grace

Place of Business, S. Caroline St. Corner

A. K. Esch M. D.
Medical Attendant.

Address, 95 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80144 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1924

CERTIFICATE OF DEATH.

Date of Death, Dec 15 - 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Rice

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* *Months.* *Days*

Color, W

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, 52 - yrs

Place of Death, {Give Street and Number.} 586 - Penn Ave

Cause of Death,
First (Primary), Senile Debility
Second (Immediate),

Duration of Last Sickness, 3 - wks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 16th

Undertaker, Andrew Rohde

Place of Business, 48 Penn avenue *Address,*

H J Howard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80145 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 19 1884

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Dec~~ 14th December 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Basil Browning

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* 2 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, R R Conductor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and Number.} 23 Woodward St

Cause of Death, First. (Primary,) Acute Nephritis

Second. (Immediate) Uraemia,

Duration of Last Sickness, Two Weeks,

All the above information should be furnished by the Physician.

Place of Burial Louden Park Cem.

Date of Burial, Dec. 16/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St.

L. A. Lewis M. D.,
Medical Attendant.

Address, 23 Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80146 *Office of Registrar of Vital Statistics.* Ward 13 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEC 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Connolly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Foundryman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and Number.} 31 S Schroeder

Cause of Death, First, (Primary,) Acute Rheumatism

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Dec. 15/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 7 Balto & Calhoun Sts

D. H. Nelson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80147 *Office of Registrar of Vital Statistics.* Ward 18 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 15 1881 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 13 84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Lancaster

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give Street and Number.} 19 Wilkens St.

Cause of Death, First (Primary), Chronic Diarrhea / Gangrene (bronchi)

Second (Immediate), Prostration

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Dec, 15th 1884

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 837 N. Paca St.

D. R. Wilson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...special attention of ... Undertaker ... to the Return on Back ... this Certificate.

Health Department, City of Baltimore.

Permit No. 80148 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 15 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 13th. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Friedel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 6 *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 265 S. Durham St. 265

Cause of Death, First (Primary), ——

Second (Immediate), Convulsions

Duration of Last Sickness, About two days.

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cem. Philpot Road

Date of Burial, Dec. 16th 84

Undertaker, G. Franc

Place of Business, Bond & Wolfe *Address,* 207 S. Broadway

N. L. Dashiell Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 80149 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William C. Eliason Jr.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 2 mo *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 32 Conway St

Cause of Death, First (Primary), Exhaustion

Second (Immediate), Infantum

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon P. R. County

Date of Burial, Dec 16th

Undertaker F. N. Croll

Place of Business, #131 Hanover St *Address,* 47 Conway St

Dr Lancelot H Barclay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 80180 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F Lyons

Sex, ~~Female~~ *Male or* ~~Female~~. {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Iron

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death. {Give street and Number.} 197 Chesnut St

Cause of Death. First (Primary). Pneumonia following Chronic Bronchitis

Second (Immediate). Exhaustion

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, December 14 1884

Undertaker James P Byrne

Place of Business, No 63 N Green St *Address,*

Chas C Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80151 *Office of Registrar of Vital Statistics.* Ward 4 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Dodson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* three *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, 4 yrs 3 mos

Place of Death, {Give Street and Number.} 42 East al

Cause of Death, First (Primary), Cephalitis Broncheitis

Second (Immediate), one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 15th 1884

Undertaker, Wm H Dungan

Place of Business, No 62 East al

D E Gosard *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80152 *Office of Registrar of Vital Statistics.* Ward 15 2/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} G. Frederick Heller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 10 — *Years,* 7 — *Months,* 27 — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 yrs 2 mos

Place of Death, {Give street and Number.} 79 Johnson St.

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Coma

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Decemb 16

Undertaker, B. Hall

Place of Business, 82 West St.

Geo. Lyra M. D.,
Medical Attendant.

Address, 261 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80153 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanslaus Thiboda

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* ~~Months.~~ *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 336 Canton Avenue

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, Four Hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, December 16/84

Undertaker, F. Coach & Co.

Place of Business, 249 W. Pratt St. *Address,* 22 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80154 *Office of Registrar of Vital Statistics.* Ward 7 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec'r 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tiristico H. Fox

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 1 = *Months,* 14 = *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 459 N. Gay St

Cause of Death, First (Primary), Acute Meningitis (Cerebral

Second (Immediate), Eclampsia

Duration of Last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City.

Date of Burial, Dec. 16th 1884

Undertaker, Adam Fink

Place of Business, 461 N. Eut. Ave.

C. W. Silver M. D.
Medical Attendant.

Address, 1 E. Eutaw Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

15

Permit No. 80153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Carter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hartford Connecticutt

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} No 190 Henrietta St

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, Dec. 15th 1884

Undertaker, Emil A. Spiro

Place of Business, 178 S. Howard St

T Edwin Kirby M. D.
Medical Attendant.

Address 82 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 80156 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 14th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Reisinger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 170 Ember st

Cause of Death, First (Primary), Jaundice

Second (Immediate), Spasms

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, Dec 15th 1884

Undertaker, F Gaede

Place of Business,

James A Steuart M. D.

~~Medical Attendant~~

Address, Camp 26. V V C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry McShane Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80157

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 14 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mamie Vaughan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 5 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 76 Burnet St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Blood Poisoning

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 15th 1884

Undertaker, M. Cadogan

Place of Business,

J. H. Scuffs *M.D.,*
Medical Attendant.

Address, 77 Center St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 80158 *Office of Registrar of Vital Statistics.* **Ward** 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14 th 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hannah Eick

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 yr

Place of Death, { Give street and Number. } 315 E Monument St

Cause of Death, First (Primary), Chronic Cystitis

Second (Immediate),

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, December 16, 1884

Undertaker Henry Hoeck

Place of Business, 309 Central Ave *Address,* 228 E Pratt St

M. B. Billingslea M. D.
Medical Attendant.

DEC 15 1884

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 80159

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 15 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 13th 84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Hutte,

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, Sixty four *Years,* *Months,* 4 *Days.* 5

Color, White *Sex,* Male,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower,

Occupation, Tailor,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alt. Mittau Germany

Duration of Residence in the City of Baltimore, Thirty five Years.

Place of Death, {Give street and number.} 226 N. Central Ave.

Cause of Death, {First (Primary,) Senile Gangrene

Second (Immediate,) Uremia

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius Cemty *Chas. B. Ziegler* M. D.

Date of Burial, December 16, 1884 Medical Attendant.

Undertaker, Henry Hoeck *Address* 282 N. Broadway

Place of Business, 309 Central ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 80160 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 15 1884

Date of Death, Dec 14, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel W Fenton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation,

Birth Place, {Stato or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 7 E Monument St

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, December 15

Undertaker, J B Cook

Place of Business, 707 West Balto *Address,* 319 Hollins Ave

Geo. Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 80161

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 15, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Laughren

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since his life

Place of Death, { Give street and number. } 26 Burnet St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Blood Poisoning

Duration of Last Sickness, About 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 15 1881

Undertaker, M. Colgan

Place of Business, —

G. H. Smith M.D.,
Medical Attendant.

Address, 77 Centre St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80162 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 14, 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Baetler F. Smith

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* *Months.* 5 *Days*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City,

Duration of Residence in the City of Baltimore, since Birth.

Place of Death, {Give Street and Number.} 7 Pierce St.

Cause of Death, First (Primary), Incompetency of heart action

Second (Immediate), Marasmus 4 M.

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 15th 1884

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore Street *Address,* 837 N Pearl St,

L E Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Cert No. 80163 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 15 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 14 : 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Elizabeth Louise Beyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 47 *Years,* 8 *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, x x x

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give Street and Number.} 190 Alice Anna

Cause of Death, First (Primary), Cancer

Second (Immediate), ~~Exhaustion~~ Haemorrhage

Duration of Last Sickness, 6 or 8 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, Dec 16 : 1884

Undertaker, L. Ritz

Place of Business, 1318 Broadway

Simon E Smith M. D.
Medical Attendant.

Address, 299 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80164 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 14-84 1.30 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Wallace

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* ..... *Months.* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} West Indies

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 9 mos

All the above information should be furnished by the Physician.

Place of Burial, E. Balt Cemy

Date of Burial, Dec 16/884

Undertaker, Geo. Rinehart

Place of Business, Forrest Place

Walter Wyman M. D.
Medical Attendant.
Lt. U.S.M.H.S.

Address, U.S. Marine Hosp Serv.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 80165

Office of Registrar of Vital Statistics.

9 1/2
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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 16 1884

CERTIFICATE OF DEATH.

Date of Death, Dec. 14 — "84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Garrett Dunn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, About 32 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Dont know

Occupation, Dont know

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dont know

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number.} City Jail — entered Dec. 13 — "84.

Cause of Death, First, (Primary.) Cerebral congestion, caused by

Second, (Immediate.) convulsions produced by Delirium Tremens

Duration of Last Sickness, Was sick in Jail about 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Dec 16th/84

Undertaker, Geo. Rinehart

Place of Business, —

Alexander Hill, M.D.,
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80166 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis C. Bragel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years~~, ~~Months~~, 16 Days

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Galto Libe

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 274 Eastern Ave

Cause of Death, First (Primary), Septicemia

Second (Immediate),

Duration of Last Sickness, 16 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, December 17th /84

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline

Thomas J. Evans M. D.
Medical Attendant.

Address, 92 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 80167

Office of Registrar of Vital Statistics. 188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 15/84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Egbert D. Goldsmith.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* 7 *Months,* — *Days.*

Color, White

~~Married~~ married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 388 N. Charles st.

Cause of Death, First, (Primary.) ~~Congestion of Brain~~.

Second, (Immediate.) Embolism — Exhaustion.

Duration of Last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec. 17th 1884

Undertaker, H. W. Jenkins & Son

Place of Business, Park & Saratoga.

R. Mc Goldsmith M.D.,
Medical Attendant.

Address, Harlem av, Calhoun.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 80168 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 16 1884
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 12/14- 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ann Townsend

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and Number.} 110 N. Carey St-

Cause of Death, First, (Primary,) Epilepsia

Second, (Immediate,) Congestion of Brain-

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, New Brighton Pa

Date of Burial, Dec 17th 1884

Undertaker, D Emy & Mitchell

Place of Business, 550 W Fayette St *Address,* 26 Madison Ave-

Chas. E. Fisher M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3507 Transit

Health Department, City of Baltimore.

Permit No. 80169 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT.
DEC 16 1884
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Gray

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 157 John St City

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Consumption

Duration of Last Sickness, Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 16th 1884

Undertaker, D Emry & Mitchell

Place of Business, 430 W Fayette St Address, 189 N Howard St

Robt McSherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 80170

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 19

Permit No. 80170

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 15. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilmer Anderson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Oyster Shucker.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Princess Anne - Md.

Duration of Residence in the City of Baltimore, On a visit to Balto City

Place of Death, {Give street and number} 15 Parrish al -

Cause of Death, First, (Primary,) Acute nephritis sequel of measles (without the result of)
Commulsions
Second, (Immediate,) Probable Uraemic Poisoning

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Princess Ann, Somerset Co. Md. by Boat

Date of Burial, Dec. 16/84

Undertaker, J. B. Cook

John [illegible] M. D.
Medical Attendant.

JAMES A. STEUART, M. D.
Commissioner of Health and Registrar

Cause of Death.

Misdiagnosis—Cause and Mode of Death.

Health Department, City of Baltimore.

Permit No. 80171 *Office of Registrar of Vital Statistics.* Ward 6 el

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenhart Koch
Koch

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months.* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 194 Eutaw multitis

Cause of Death, First (Primary), Hydrocephalus Acutus

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenlee Cemetery

Date of Burial, Dec 16 to 1884

Undertaker, John Heaney

Place of Business, 822 Orleans St *Address,* 205 E Baltimore

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80174 *Office of Registrar of Vital Statistics.* Ward 7 cf

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEC 16 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Leah Baynes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 *Years,* *Months,* *Days,*

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, { Give street and Number. } Brown's Ward, (Head of Broadway)

Cause of Death, First (Primary), Tuberculosis (pulmonary)

Second (Immediate),

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 16th 1884

Undertaker Wm M. Dwyer

Place of Business, No 62 East 2d

J. Abrams M. D.
Medical Attendant.

Address, 93 Fairmount

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80173 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 16 1894

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Baptistella

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoe Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 51 S. Durham

Cause of Death, First (Primary), Erysipelas

Second (Immediate), Blood poison

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Dec 17th

Undertaker, H. Lippert

Place of Business, ...

Saml E Daniels M. D.
Medical Attendant.

Address, 299 E Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80174 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 14 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick J. Egner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 12 Years

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give Street and Number.} 48 E. Caroline Street

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Cerebral Compression

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Dec. 16th 1884.

Undertaker, Sprenkle & Oertel

Place of Business, 208 E. Balt St. *Address,* 108 Aisquith St

C. Heller Reese M. D.
~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 15 1884
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Leary

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 29 *Years,* 9 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Her Life

Place of Death, {Give street and number.} No 382 Bank above Hanover

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption - (Lungs)

Duration of Last Sickness, One (1) Year

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Dec 18th 1884

Undertaker, M. Clarke & Sons

Place of Business, 32 D Ann

A. T. Clarke M. D.
Medical Attendant.

Address, 237 Gough

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80176 *Office of Registrar of Vital Statistics.* Ward 8 "7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Tuesday Dec. 16-84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Perry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 89 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow,

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimor Ten years.

Place of Death, {Give Street and Number.} 242 Clifton Place

Cause of Death, First (Primary), Extra Capsular Fracture of left Femur

Second (Immediate), Hypostatic Congestion of lungs + Exhaustion;

Duration of Last Sickness, Dying 38 days after receipt of fracture.

All the above information should be furnished by the Physician.

Place of Burial, Fredericksburg Va

Date of Burial, Dec 19th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Wilmer Denton M. D.
Medical Attendant.

Address, Cor Park Pl & Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3570 Forest

[over.]

Health Department, City of Baltimore.

Permit No. 80177 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L Adam Miller (Parents)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ a few Months ~~Days~~ Minutes

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 190 N. Fremont St

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, a few Minutes

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 16th 1884

Undertaker, Adam Miller

Place of Business,

H F Hill M. D.

Medical Attendant.

Address, 23 Edmonson

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 80178 *Office of Registrar of Vital Statistics.* Ward 12 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 15th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucretia Linsley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months.* *Days*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} January ~~2 27~~ United States

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give Street and Number.} 227 Druid Hill ave

Cause of Death, First (Primary), Paralysis

Second (Immediate), Hemorrhage

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Dec 17 1884

Undertaker, A Rosenberger

Place of Business, 70 Mulberry St

Wm A. Dorsey M. D.
Coroner
Medical Attendant.

Address, 326 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases [illegible]

Health Department, City of Baltimore.

Permit No. 80179 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT REC'D DEC 15 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 15-1884

Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Campbell

Male or Female, {Cross out the word not required in this line.} female

Age 65 *Years,* ..... *Months.* ..... *Days*

Color, ~~white~~ black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give Street and Number.} 113 N. Bethel st

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), ...

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, DEC 16th 1884

Undertaker, Thos. J. Locke

Place of Business, 723 Jefferson st

P. S. Dausch M. D.
Medical Attendant.

Address, 225 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80180 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Mayer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 Years, — Months, — Days,

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 49 Years —

Place of Death, {Give street and Number.} 7 McKim

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 6 Weeks —

the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 17th 1884

Undertaker A. Fink

Place of Business, 461 Gay & Near Chew

S. A. Hunter M. D.
Medical Attendant.

Address, 36 Fremont Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Give special attention to Symptoms of Contagious Diseases as mentioned below, and to Date of Disease on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80181 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, DEC 14th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Pallen (Janet A. Pallen)

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* ——— *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Over 60 yrs

Place of Death, {Give Street and Number.} Eutaw House

Cause of Death, First (Primary), Heart Disease

Second (Immediate), " "

Duration of Last Sickness, Con. about 1 yr

All the above information should be furnished by the Physician.

Place of Burial, St Louis Mo

Date of Burial,

Undertaker John E Hough

Place of Business, 298 Penna Ave *Address,*

D. F. H. Cronin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3511 Hanover

[over.]

Board of Health, City of Baltimore.

Permit No. 80182 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} 44 Saratoga St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Dec 16 1884

Undertaker Alf Hennely

Place of Business 1 Gardner

H. Parran M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 80183 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friedrich Hellman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1/2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 278 Aliceanna St

Cause of Death, First (Primary), ...

Second (Immediate), Premature Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Le Publice Cemetery

Date of Burial, Dec 16th 1884

Undertaker, Geo Rinehardt

Place of Business, ... *Address,* .....

James A Steuart M. D.

~~Medical Attendant.~~

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Inspectors

[OVER.]

Health Department, City of Baltimore.

Permit No. 80184 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet S Martin

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 67 + *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~or Widower~~

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 102 Lee St

Cause of Death, First (Primary), ...

Second (Immediate), Intemperance

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, King William Co. Va

Date of Burial, Wednesday Dec 17th

Undertaker, Armstrong & Drury

Place of Business, Light & Montgomery Sts *Address,* 102 Lee St

J M Hundley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3572 Harnett

[OVER.]

Board of Health, City of Baltimore, 19

Permit No. 80185

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 13. 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Bush

Sex, Male or Female, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Hagerstown Md.

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number} 2 [illegible] Alley

Cause of Death, First, (Primary,) Consumption of the lungs

Second, (Immediate,)

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown Cemetery

Date of Burial, Dec 16th 1884

John [illegible] M. D.
Medical Attendant.

Undertaker, Wm H Dwyer

Place of Business, Near East St *Address,* 215 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

3573 Hanover [OVER]

Board of Health, City of Baltimore,

Permit No. 80186 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1904

CERTIFICATE OF DEATH.

Date of Death, Dec 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul Lewis

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days,*

Color Cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 2 Pear al

Cause of Death, First (Primary), Rheumatismus Acuta

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Dec 16/1904

Undertaker [illegible]

Place of Business, [illegible]

Henry Chandlee M. D.
Medical Attendant.

Address, Hom Free Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 8087 *Office of Registrar of Vital Statistics.* Ward 15 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 16/84

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Lella Irvin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 13 Leadenhall

Cause of Death. First (Primary), Phthisis

Second (Immediate), Pulmonalis

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Bap. St. Cemetery

Date of Burial, Dec 16 1884

Undertaker A. P. [illegible]

Place of Business, [illegible]

Bro. Smith M. D.
Medical Attendant.

Address, 281 St. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80788 — *Office of Registrar of Vital Statistics.* — Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16 94

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Owens

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 44 *Years,* *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower. {Cross out the words not required in this line.} Widow

Occupation, Washwoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 2[illegible] Hughes St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 17

Undertaker, A Ross

Place of Business, 15 Conway St

C. W. Dorge M. D.
Medical Attendant.

Address, 210 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 80189 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Kell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days,*

Color, Col.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 16 yrs.

Place of Death, {Give street and Number.} 33 Stockholm Street

Cause of Death, First (Primary),

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness, 2 mo's

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Dec 16th 1884

Undertaker Wm N. Lunger

Place of Business, No. 62 East Pratt

B. S. Silcomb M. D.
Medical Attendant.

Address, 616 W. Balto. Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 80190 *Office of Registrar of Vital Statistics.* Ward 132

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 15 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Horkamp

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months.* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ger Rolmy + Rine

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Rolmy + Rine

Cause of Death, First (Primary), Trismus Neonatorum

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 17

Undertaker, J. B Cook

Place of Business, 112 Eutaw St

F. F. Mayer M. D.
Medical Attendant.

Address, 1. S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80191 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Janima Renolds

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation

Birth Place, {State or country, and how long in the United States, if of foreign birth.} State Maryland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Pulmonary Oedema

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Dec 17

Undertaker, G H Bayard

Place of Business, 201 E Baltimore

[illegible] M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80194 *Office of Registrar of Vital Statistics.* Ward 7 11 Y

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Janet White

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty Second *Years,* —— *Months.* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Stirling, Scotland

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give Street and Number.} No 18 Miller Street

Cause of Death, First (Primary), ——

Second (Immediate), Phlegmonous Erysipelas

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Ballob Cemetery

Date of Burial, Dec 17, 1884

Undertaker, Mrs. H. Hickman

Place of Business, 234 N. Gay St.

Wm. H. Clendinen M. D.
Medical Attendant.

Address, 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80193 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dr Andrew Hartman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* 7 *Months,* 11 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Physician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Greencastle Franklin Co Penna

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 305 N. Carolina St

Cause of Death, First (Primary), Cerebral Softening

Second (Immediate), Exhaustion

Duration of Last Sickness, Eighteen months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec. 17. 1884

Undertaker Wm. H. Hickman

Place of Business, 234 W. Gay St. *Address,* 188 N. Calvert St

Oscar J. Lockard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Health Department, City of Baltimore.

Permit No. 8019 — *Office of Registrar of Vital Statistics.* Ward 21 "4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ecrotine Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* ... *Months.* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give Street and Number.} No. 548 Eastern Ave.

Cause of Death, First (Primary), ...

Second (Immediate), Tuberculosis

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Dec. 17th 84

Undertaker, G. Franz

Place of Business, Franz & Wolfe No. Address,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80195

OFFICE OF REGISTRAR OF VITAL STATISTICS.

19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 16. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret Whitehorne

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Island of Jamaica

Duration of Residence in the City of Baltimore, 2 years & two.

Place of Death, {Give street and number} 123 Bruce St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Dec. 18' 1884

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St.

Alfred Wanslaer, M. D.
Medical Attendant.

Address, 228 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 80196 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 16 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Emrich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 501 Sundays St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), 4

Duration of Last Sickness, 5 Weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 18/84

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 179 N. Howard

Thos Opie *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80197 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. F. Prince

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years.* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 39 Giles St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Some Weeks -

All the above information should be furnished by the Physician.

Place of Burial, Vicinity Loach Cemetery

Date of Burial, Dec. 17th 1884,

Undertaker, Peter Frey

Place of Business, 91 Eutaw Ave.

James E. Donville M. D.
Medical Attendant.

Address, 292 E. Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80198 *Office of Registrar of Vital Statistics.* Ward 21st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 14 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Wagner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months,* 17 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 182 N. Carlton

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asthenia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, December 18 84

Undertaker, Wm. Funk

Place of Business, 35 Bank *Address,* 74 So. Broadway

G. L. Wilkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80199 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 15th A. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alphonzo Micheaux
micheaux

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Glass blower

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Belgium

Duration of Residence in the City of Baltimore, abt 8 mo

Place of Death, {Give Street and Number.} 3 Henry St

Cause of Death, First (Primary),

Second (Immediate), Suicide by Gun Shot Wound

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dec 18/884

Undertaker, Armstrong

Place of Business, 263 Lyon Alley

Lee A. Bell M. D.
Medical Attendant.
Coroner

Address, 141 So Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80200 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1884

CERTIFICATE OF DEATH. a

Date of Death, December 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mullane Segar

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months.* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Belgium

Duration of Residence in the City of Baltimore, Abt 4 years 5 months

Place of Death, {Give Street and Number.} # 3 Henry St Homicide

Cause of Death, First (Primary), Gun Shot wounds and

Second (Immediate), injuries received by the hands of Alphonze Bouchaert

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ct Hill

Date of Burial, Dec 18/1884

Undertaker, Amos Ver

Place of Business, 263 Fayette

Lud Bell M. D.
Medical Attendant.

Centre

Address, 461 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 89201 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 17 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 16, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Lorenz.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 8, *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State of country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 23 Shakespeare St.

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Eclampsia.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sent Alfonsus cmtry

Date of Burial, December 17

Undertaker, F. Krach & Co

Place of Business, 215 S Eutaw St

A. V. Gonzales M. D., Medical Attendant.

Address, 96 S Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 80202 *Office of Registrar of Vital Statistics.* Ward 10½

The Physician who attended any person in a last illness, is responsible for the prosecution of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1884

REGISTRAR'S OFFICE BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 14, 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John F. Plater

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days,*

Color, Colored.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Cty

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 125 Sarah ann-

Cause of Death, First (Primary), Chronic Bronchitis.

Second (Immediate), Pertussis 8 d. during Life.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Spruce St Cemetery

Date of Burial, Dec 17 1884

Undertaker Wm. A. Norris

Place of Business 62 East St

Edw. Janney M. D.
Medical Attendant.

Address, Balt. Hom. Dispensary 58½ Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80203 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Sterrett Short

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 16 *Days*

Color, ~~d~~

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 139 Druid Hill Ave

Cause of Death, First (Primary),

Second (Immediate), Asthma

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 17/84

Undertaker, Alex Hemsley

Place of Business,

Geo. A. Lung M.D
~~Medical Attendant~~

Address, Balto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo. E. Brown
Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 80204 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 13/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days*

Color Col

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot County Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give Street and Number.} 41 Parish alley

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Dec 16/84

Undertaker, F. A Kerchner

Place of Business,

Thos A Stuart M.D.
Medical Attendant

Address Church & P

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Wm. E. Saunders Inspector

Health Department, City of Baltimore.

Permit No. 80205 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Brady

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} No 301 South Broadway

Cause of Death, First (Primary), Typhus — Malarial fever

Second (Immediate), ~~Typhus~~ Malarial fever

Duration of Last Sickness, about a month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 18th

Undertaker, Geo Schilling

Place of Business, ...

Milton A. Fiser M. D.
Medical Attendant.

Address, 408 South Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 80206 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1884

CERTIFICATE OF DEATH.

Date of Death, Dec. 16. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chester A. Spear

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} Preston St. no. Broadway

Cause of Death, First (Primary), Pertussis

Second (Immediate), Congestion of Brain

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 18th

Undertaker Geo. Schilling

Place of Business, ...

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80207 *Office of Registrar of Vital Statistics.* Ward 10 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} G. W. Coss
George W.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Eighty *Years,* ~~*Months,*~~ ~~*Days*~~

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington Co. Md.

Duration of Residence in the City of Baltimore. Eighty years

Place of Death, {Give Street and Number.} No. 206 Franklin St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Prostration

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 18th 1884

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 120 N. Greene St.

F B Gardner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80208 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 17 1884

Date of Death, Dec 17th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Gebhard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 88 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 yrs

Place of Death, {Give Street and Number.} E. S Central Ave & Old age

Cause of Death, First (Primary), ...

Second (Immediate), ...

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 19th 84

Undertaker, H Heck

Place of Business, ...

Thos A Newell M. D.

Medical Attendant.

Address, Cor Pratt & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Jas F. Fitzpatrick

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80209 *Office of Registrar of Vital Statistics.* Ward 5 11 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. DEC 17 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 16 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William E. Stuart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* 22 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 124 N. Durham St

Cause of Death, First (Primary), Pneumonitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 17th 1884

Undertaker Wm. H. Danger

Place of Business, No 62 East 21st

G. F. Taylor M. D.
Medical Attendant.

Address, 234 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80210 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Bennett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months.* *Days*

Color, Col'd

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} 32 h Durham alley

Cause of Death, First (Primary), Bright's Disease So the brother says I told him when at my office on one occasion. I do not remember anything about the case at all.

Second (Immediate),

Duration of Last Sickness, The brother says 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Dec 17th 1884

Undertaker, Wm. N. Lamper

Place of Business, No 62 East 21st

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

See following certificate

[OVER.]

Health Department, City of Baltimore.

Permit No. 80210 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Bennett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Marys Co Maryland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 33 Duncan Alley

Cause of Death, First (Primary), Unknown

Second (Immediate),

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cem

Date of Burial, Dec 18th 1884

Undertaker, Wm N Dungee

Place of Business, No 62 East st

James A Lemmon M. D.

~~Medical Attendant~~.

Address, Compton P.C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry McMcKeown Sanitary Inspector

Board of Health, City of Baltimore.

Permit No. 80211 *Office of Registrar of Vital Statistics.* Ward 87

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 16 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Wilson

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, 60 (?) *Years,* *Months,* *Days,*

Color, Colored

~~*Married*~~ ~~*Single*~~, *Widow or Widower,* { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, About 20 years

Place of Death, { Give street and Number. } 22 McKim St.

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 17th 1884

Undertaker Wm M. Gaugen

Place of Business, No 62 East Pratt

J. H. Robinson M. D.
Medical Attendant.

Address, 252 Saint Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...y ... to the Numbers Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80212 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Behrens

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* — *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Grocer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 yes

Place of Death, {Give street and Number.} 37 Raborg St

Cause of Death, First (Primary), Mitral Regurgitation of Heart

Second (Immediate), Paralysis of Heart.

Duration of Last Sickness, 10 yes.

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Dec. 18th 1884

Undertaker Ph. Seewald

Place of Business, 35 S. Eutaw St. *Address,* 279 W. Fayette St.

P. H. Hoffmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 80213 *Office of Registrar of Vital Statistics.* Ward 8 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1924 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec^br 17

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Dunn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Irlande

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Institution of the Little Sisters of the Poor

Cause of Death, First (Primary),

Second (Immediate), Hypertrophy of the heart

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec^br 18

Undertaker M^c Bloodcamp

Place of Business,

No Burke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 80214 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Cox

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} 1 Hagers St

Cause of Death, First (Primary), Cancer of lower jaw bone

Second (Immediate), Hemorrhage

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 17 188

Undertaker, W Wmadden

Place of Business, 416 East Do

E. B. Fenby M. D.
Medical Attendant.

Address, 283 N. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80215 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 13 1884

CERTIFICATE OF DEATH.

Date of Death, 12. 17. 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Clinton Craft

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} M

Age, *Years,* *Months.* 1 *Days*

Color, W.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 168 George St City

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give Street and Number.} 168 George St

Cause of Death, First (Primary), Cyanosis

Second (Immediate), Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemet

Date of Burial, December 18/84

Undertaker, Joseph P. Cook

Place of Business, 707 W Baltimore

L. L. Tilling M. D.
Medical Attendant.

Address, 467 N. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 80216 *Office of Registrar of Vital Statistics.* Ward 7 2/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Morris

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 10 *Days,*

Color, C

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.} — — — —

Occupation — — — — — —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 43 Shuter St.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Apnea.

Duration of Last Sickness, two days

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, DEC 18th 1884

Undertaker W W Madden

Place of Business, 846 East St

Thomas J Simms M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80217

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie W. Fry.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 81 N. Broadway.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Exaustion

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Int-Canned

Date of Burial, Dec 18/84

Undertaker, Fry & Bro

Place of Business, 81 N Broadway

Ger Barkman M.D.,
Medical Attendant.

Address, 37 W. E. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80218 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Thornton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 81 *Years,* 6 *Months.* 16 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Retired Tobacco Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Nearly his whole life

Place of Death, {Give Street and Number.} 236 Myrtle ave

Cause of Death, First (Primary), Old age

Second (Immediate), Paralysis 2nd attack - 1st attack of left side 4 wks ago

Duration of Last Sickness, One month —

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Dec 19 1884

Undertaker, Armstrong Bro

Place of Business, 268 Light

Jas. E. Gilchrist M. D.
Medical Attendant.

Address. 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80219 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clar E Bowen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, in 7th *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 459 N. Carey

Cause of Death, First (Primary), Scarlet fever

Second (Immediate), " "

Duration of Last Sickness, About 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 18 December

Undertaker, Chalmers & Co

Place of Business, 425 Penna av

Elias C Price M. D.
Medical Attendant.

Address, 262 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80420 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 13 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 17 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliazer Van loo

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 82 *Years,* - *Months,* - *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Pedlar

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Holland

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First, (Primary,) old age

Second, (Immediate,) debility

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Heb Cemetry Pikesville Rd

Date of Burial, Dec 18

Undertaker, H. Eilan

Place of Business, 161 Gough St

Hebrew

A Friedenwald M. D.,

Medical Attendant.

Address, 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80241 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles M. Johnson

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Builder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give Street and Number.} 459 N. Calhoun

Cause of Death, First (Primary), Locomotor Ataxy

Second (Immediate),

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 20th 1884

Undertaker, Chas. L. Scriven

Place of Business, 211 N. Eutaw *Address,* 582 W. Fayette

W. K. Neal M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Physicians or Registrars is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80222 We. *Office of Registrar of Vital Statistics.* **Ward** 19 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1884

CERTIFICATE OF DEATH.

Date of Death, 14 Dec 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Goodman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... 1 *Months,* ..... 22 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation ..... none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 883 W. Baltimore

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Russia Cemetery

Date of Burial, Dec 18 1884

Undertaker S. Simon

Place of Business, 26 Exeter St.

J. Lee Howard M. D.
Medical Attendant.

Address, 694 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80223 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 17/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William T. Jams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 4 *Months,* 20 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Moulder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give Street and Number.} 177 S. Bond St.

Cause of Death, First (Primary), Typho-Malarial fever

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Dec 19

Undertaker, Mumbell Bigge

Place of Business,

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80224 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Preller

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 71 *Years,* *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give Street and Number.} 155 N. Chapel st

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate),

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Dec. 18th 84

Undertaker, G. Franc

Place of Business, Bank & Wolfe Sts *Address,* 325 E. Baltimore st.

P. L. Daniel, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80225 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 17. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Catharine McCullough

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Fifty-four *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, House

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cecil Co. Md.

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give Street and Number.} 27 E. Lombard St.

Cause of Death, First (Primary), Peritonitis

Second (Immediate), Spasm of Diaphragm

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Cecil Co. Md.

Date of Burial, Dec. 20. 1884

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway.

G. Glanville Luck M. D.
Medical Attendant.

Address, Balt. & Gay Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3515. Transcript

[OVER.]

Health Department, City of Baltimore.

Permit No. 80226 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Kelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Selma New Jersey

Duration of Residence in the City of Baltimore, a few weeks

Place of Death, {Give Street and Number.} Balto County Infirmary 12 Calverton Road

Cause of Death, First (Primary), ———

Second (Immediate), Marasmus

Duration of Last Sickness, Several months I have attended only a few days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 21st 1884

Undertaker, I. B. Cook

Place of Business, Bald St *Address,* ———

D. Linthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80227 *Office of Registrar of Vital Statistics.* Ward 1/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} (Ireland)

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 3 Watson St

Cause of Death, First (Primary) Hemiplegia

Second (Immediate) Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Dec 19th 1884

Undertaker, Henry W. Means

Place of Business, #45 N. Gay St *Address,* 171 N. Eutaw St

Geo. D. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80228 *Office of Registrar of Vital Statistics.* Ward 3-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Rubman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 5 mo.

Place of Death, {Give Street and Number.} #241 E. Lombard

Cause of Death, First (Primary), Catarrh

Second (Immediate), Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Dec 18th

Undertaker, H. B. Lethaney

Place of Business, 253 E. Lombard St

Jno. H. Norris M. D.
Medical Attendant.

Address, 154 S. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 80229 *Office of Registrar of Vital Statistics.* Ward 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1884

CERTIFICATE OF DEATH.

Date of Death, Suppose about ~~Nov~~ Dec 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown Nov 1st Supposed

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Abt 20 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Supposed Mariner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} " U. S.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} Found in Patterson Pk Pier 8 (Locust Point)

Cause of Death, First (Primary),

Second (Immediate), Drowned —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, West Pub. Cemty

Date of Burial, Dec 15/1884

Undertaker, F. Kirchner

Place of Business, 129 Arlington Ave

Dr A Bell M. D.

~~Medical Attendant.~~

Coroner

Address, 161 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80230

Office of Registrar of Vital Statistics.

Ward 13 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susana M. Norman.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, *Widow* or ~~Widower~~. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 211 Lombard St

Cause of Death, First, (Primary,) Carcinoma (Bladder & Bowels)

Second, (Immediate,) Apnoea or Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Green Mount Cem

Date of Burial, Dec 19 1884

Undertaker, Jno H McCoy

Place of Business, 224 Hoyle

Robt. V. Wilson M. D.,
Medical Attendant.

Address, 152 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80231 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Nash

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* ... *Months,* ... *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, more than 40 years

Place of Death, {Give street and Number.} 198 Hughes st

Cause of Death, First, (Primary,) Age. Bronchitis

Second, (Immediate,) —

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cy

Date of Burial, December 18.

Undertaker, B. Healy

Place of Business, 82 West St

J Harvey Hill M. D.,
Medical Attendant.

Address, Cor Pulaski & Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 89232 *Office of Registrar of Vital Statistics.* Ward 15-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jamie D. Strickfus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 9 *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 140 Williams St

Cause of Death, First (Primary), Dyptheria

Second (Immediate), Paralysis. Heart

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Park

Date of Burial, Dec 18

Undertaker, B. Wade

Place of Business, 82 West St *Address,* 66 Warren Ave

E. B. Noble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80233 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Ushla

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* 14 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give Street and Number.} 20 Bartlett St.

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ceme.

Date of Burial, Dec 19/84

H. H. Huber M. D.
Medical Attendant.

Undertaker, P. A. Price

Place of Business, 183 Columbia Ave *Address,* 298 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore.

Permit No. 80234 *Office of Registrar of Vital Statistics.* Ward 16 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decemb. 18 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Hilol

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* 2 *Days.*

Color,

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 214 Light St

Cause of Death. First (Primary), Bronchitis,

Second (Immediate), Asthenia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Dec 21

Undertaker Wm. Bartell

Place of Business, 311 Frederick *Address,* 238 Fredevick Ave

Edward S. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80235 *Office of Registrar of Vital Statistics.* Ward 18 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 18. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Donaughue

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 73 Wilkens ave

Cause of Death, First (Primary), Premature birth

Second (Immediate), Convulsions

Duration of Last Sickness, Lifetime (6 days)

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, 19 Dec

Undertaker, Jos H B Cook

Place of Business, 707 W Baltimore

James J Bosley M. D.
Medical Attendant.

Address, 319 Hollins ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

15th

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, December 18th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gracy Frisby

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Aged Men & Women's Home 93 Lee

Cause of Death, First (Primary,) Senile debility

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp st. Cemetery

Date of Burial, Dec 19th 1884

R. M. Haec *M. D.*
Medical Attendant.

Undertaker, Sam'l P. Chase

Place of Business, 198 S. Howard st *Address* 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 80237 *Office of Registrar of Vital Statistics.* Ward 17 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Langley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months.* 11 *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co.

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 15 Abby Alley

Cause of Death, First (Primary),

Second (Immediate), Old Age

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Dec 19, 1884

Undertaker, [illegible]

Place of Business, [illegible]

Ellis Trickeau M. D.
Medical Attendant.

Address, 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80238 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Thursday Dec. 18. 84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bennett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* 6 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 353 N. Central Ave.

Cause of Death, First (Primary), Acute Peritonitis

Second (Immediate), Congestion of Brain with Coma. Exhaustion

Duration of Last Sickness, Three Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 21st

Undertaker, Geo. Schilling

Place of Business,

Wilmer Brinton M. D
Medical Attendant.

Address, Chas St & Forrest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80239 *Office of Registrar of Vital Statistics.* Ward 7 11/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Henry Gerhardt

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 3 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} –

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 250 Chew st

Cause of Death. First (Primary), Diphtheria

Second (Immediate), Acute Nephritis

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing

Date of Burial, Dec 20th

Undertaker Geo. Schilling

Place of Business,

The child was seen first on the diphtheria 2nd was attacked with the kidney trouble on Sunday

W. B. Billingslea M. D.
Medical Attendant.

Address, 228 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 80240 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie L Chase

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, X *Years,* X *Months,* 21 *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 297 Aisquith St

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 19th

Undertaker, H. C Widdfeld

Place of Business, 90 Greenmount Ave

H. T. Reynolds M. D.,
Medical Attendant.

Address, 181 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 80241 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Schultz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 25 Barnes st

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Dec 20th 1884

Undertaker, F. Evach & Co

Place of Business,

James A Steuart M. D.

~~Medical Attendant.~~

Address, City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry McM Keown Sanitary Inspector

Board of Health, City of Baltimore.

Permit No. 8024 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 19 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Pritchett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 14 N. Washington St.

Cause of Death, First (Primary). Drinking Concentrated Lye

Second (Immediate). Exanition

Duration of Last Sickness, about 9 months

All the above information should be furnished by the Physician.

Place of Burial, Ft Mifflin

Date of Burial, Dec 20 th

Undertaker Adam Fink

Place of Business, 461 N. Eutaw, *Address,* 375 E. Balto. St.

E. F. Bruns M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 8024/3 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Digs

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 7 years

Place of Death, {Give street and Number.} Number 2 Cross Alley

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate), " " "

Duration of Last Sickness, About 2 months

All the above information should be furnished by the Physician.

Place of Burial, W. Pres. Cemetery

Date of Burial, Dec 19th 1884

Undertaker F. A. Kerchner

Place of Business, — —

A K Bond M. D.
Medical Attendant.

Address, Dispensary Throm's Children's Hospital 126 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

(9

Permit No. 80244 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 17 — 84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Reilley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Plumber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 16 yrs. in U. S.

Duration of Residence in the City of Baltimore, 16 yrs.

Place of Death, {Give street and number.} City Hospital

Cause of Death, First (Primary,) ~~Injuries~~ A fall of 30 ft. from scaffold

Second (Immediate,) Concussion of Brain

Duration of Last Sickness, 5 1/2 hours.

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cross Cemetery

Date of Burial, Dec 20

Undertaker, Bernhard Harle

Place of Business, 82 West St

Alexander Hill, M. D.
Medical Attendant.

Address Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 18. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Thompson

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, 80 *Years,* ..... *Months,* 9 *Days.*

Color, White *Sex,* M.

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Shore, Md.

Duration of Residence in the City of Baltimore, 17 years.

Place of Death, {Give street and number.} 8 Rice st.

Cause of Death, First (Primary,) Paralysis.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Sharpnot Cemetery

Date of Burial, Dec 21 1884

J. F. Hale M. D.
Medical Attendant.

Undertaker, Alex Hennely

Place of Business, ...

Address 247 Lawrence st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Health Department, City of Baltimore.

Permit No. 80246 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Cockey

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* ~~*Months.*~~ ~~*Days*~~

Color, ~~Cook~~ Brown

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Western Shore Md.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} No. 18 Oxford St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 20 1884

Undertaker, Alex Hemsley

Place of Business,

F. B. Gardner M. D.
Medical Attendant.

Address, 1206 Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80247 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Gantz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 289 So. Bond

Cause of Death,
First (Primary), Pneumonia - Croup (4 days)
Second (Immediate), Apnoea

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Dec. 20. 1884

Undertaker, H. Sanderson & Son

Place of Business, 252 Canton Ave *Address,* 77 So. Broadway

J. L. Dillon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80248 *Office of Registrar of Vital Statistics.* Ward 6 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Cumberland

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, *Years,* *Months,* 17 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 550 E. Fayette st

Cause of Death, First (Primary), Pertussis

Second (Immediate), meningitis

Duration of Last Sickness, 4 ~~months~~ weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 21st 1884

Undertaker, John Hennig

Place of Business, 382 Eutaw and Ell *Address,* 725 E. Baltimore

P. L. Daunelund M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80249

Office of Registrar of Vital Statistics.

3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Pritchard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Three *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 24 S Eden St

Cause of Death,
First, (Primary.) Severe Cold
Second, (Immediate.) {Supposed} Convulsions

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 20th 1884

Undertaker, J J Locke

Place of Business, #173 Jefferson St

E E Hook, M.D.,
Medical Attendant.

Address, 241 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

80230

Attention of [illegible] Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

No. 80250 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*. Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Friedrich Kaufholz

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 93 *Years,* 7 *Months,* 5 *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation Was a Coatmaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, { Give street and Number. } N. E. Eager & Valley sts

Cause of Death, First (Primary),

Second (Immediate), Infirmity

Two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Dec 22nd 1884

Undertaker Henry Stock

Place of Business, 309 N Central Ave *Address,*

Robert Barnes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Sec. 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of [illegible] who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within [illegible] after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the [illegible] ined, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and [illegible] in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80257 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~[illegible]~~ December 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schaake

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 42 *Years,* ~~Months,~~ ~~Days~~

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, ~~Occupation~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 21 Little Gough st

Cause of Death, First (Primary), (Sarcoma) Cancer of the breast

Second (Immediate), Dropsy

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Sunday 21st.

Undertaker H. Sanders & Bro

Place of Business, 252 Conton Ave ~~[illegible]~~ Gough st

Thomas R. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80252 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 18 - 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry C Hall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 98- St Mary St - City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 60- Stockton St -

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Dec 20th 1884

A J Hunck M. D.

Medical Attendant.

Undertaker, Wm S Gray

Place of Business, 63 Mulberry St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 80253 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Fenton Mallory

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* 2 *Days*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Steward of the Md. Jockey Club

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, About 30 years)

Place of Death, {Give Street and Number.} 152 Cathedral St.

Cause of Death, First (Primary), Accumulation of fat about heart predisposing Double Bronchitis, exciting and

Second (Immediate), Asphyxia immediate cause.

Duration of Last Sickness, about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cem.

Date of Burial, Dec. 20th 1884

Undertaker, Wm J Gross

Place of Business, 65 Mulberry *Residence,* Office 262 Mad. Ave

Eldridge C. Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80257 *Office of Registrar of Vital Statistics.* Ward 6 7/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Eiler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* 6 *Months,* 18 *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 yrs

Place of Death, {Give Street and Number.} 125 N Broadway

Cause of Death, First (Primary), Asthma

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 21st 1884

Undertaker, Ernst Schlaman

Place of Business, 181 Sharp St. *Address,* 108 Aisquith St

Wm. Ernst M. D.
~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80255 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly May Davis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 61 Eagle st

Cause of Death, First (Primary),

Second (Immediate), Acute Brights disease

Duration of Last Sickness, about 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Interred by

Date of Burial, Dec 21st 1884

Undertaker, John Sellach

Place of Business, No 150 Canden st

W. McKaw M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80257 *Office of Registrar of Vital Statistics.* Ward 15 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Viefrecht

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months.* 1 *Day*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 months.

Place of Death, {Give Street and Number.} 20 Bartlett St.

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Dec. 21/84

Undertaker, P J Dice

Place of Business, 183 Columbia Address, 258 N. Lombard St.

H. W. Webber M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80257

Office of Registrar of Vital Statistics. 16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. W. Thomas

~~Sex~~, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* 3 *Months,* *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brickmaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Queen Annis Co Md.

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} 71 Burgundy Al,

Cause of Death, First, (Primary.) Chronic Malaria

Second, (Immediate.) Infl'n Bowels

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 21 Dec 1884

Undertaker, J. Ford

Place of Business, 20 Centre St

A. Lemmon M.D.,
Medical Attendant.

Address, 116 E Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

3

Permit No. 80258 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael MacKelvie

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* Three (3) *Months.* Seven (7) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore. Life time

Place of Death, {Give Street and Number.} No 166 South Bond St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Dec 21 1884

Undertaker, Mitchell Punk

Place of Business, 85 Bank St

Wm. H. Clendinen, M. D.
Medical Attendant.

Address, 102 h Broadway

Extract from Regulations of the Board of Health to secure a full and oorrect record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 80259 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1884

CERTIFICATE OF DEATH.

Date of Death, December 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John R. Eliason

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* Sixteen *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 32 Conway St

Cause of Death, First (Primary), Lunacitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Dec 20th.

Undertaker F. N. Ford

Place of Business, 139 Hanover *Address,* 4 Conway St

W. Lancey Barclay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Directions on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80260 *Office of Registrar of Vital Statistics.* Ward 64

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie B Cleary

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, about five months

Place of Death, {Give Street and Number.} No 273 East Fayette st

Cause of Death, First (Primary), Hereditary

Second (Immediate), Consumption phthisis

Duration of Last Sickness, about five months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 22 1884

Undertaker, M A Dayer

Place of Business, 7 E S Bway

Milton N Jones M. D.
Medical Attendant.

Address, 28 E Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8026 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L McGaw

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 163 Hanover

Cause of Death, First (Primary), Pneumonia

Second (Immediate), 1r

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 21st 1884

Undertaker M. A. Dayer

Place of Business, 74 S. Bway

J H Mackenzie M. D.
Medical Attendant.

Address, Canton Ave Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8262 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, dec 19 ~ 94

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Bowers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days*

Color, W

~~Married~~, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, 3 mts

Place of Death, {Give Street and Number.} 16 Poultney St.

Cause of Death, First (Primary), Convulsions

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, December 21 94

Undertaker, B Hale.

Place of Business, 42 West St.

R. A. L. Ellis M. D.
Medical Attendant.

Address, 213 Ry St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 20263 *Office of Registrar of Vital Statistics.* Ward 17 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliz. Adolph

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 8 Hull st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 13 Days

All the above information should be furnished by the Physician.

Place of Burial, County Cem

Date of Burial, December 21. 1884

Undertaker, H. Landau & Son

Place of Business, 257 Canton Av *Address,* 110 Fort av

C. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 51264

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 18 — 84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Leonard

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, Col.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Chambermaid

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} No. 21 Low St.

Cause of Death, First, (Primary.) Dilated heart

Second, (Immediate.) Paralysis of heart

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Salisbury, Wicomico

Date of Burial, 21 of Dec 1884

Undertaker, William N Dunigan

Place of Business, 462 E Baltimore St

Alexander Hill, M.D.,
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit 35-17

Health Department, City of Baltimore.

Permit No. 80265 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 25 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Mowen Bennett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* 8 *Months,* 27 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 44 Hopkins Ave

Cause of Death, First (Primary), Acute Rheumatism

Second (Immediate), Endocarditis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Dec 21" 1884

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St

I. C. Buck M. D.
Medical Attendant.

Address, 15 W Mason St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore, 19

Permit No. 80266

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Otto Lowe

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 2 8 *Years,* 3 *Months,* 11 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Reading Pa

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 149 Edmondson Ave

Cause of Death, First, (Primary,) Uterine Hemorrhage

Second, (Immediate,) Typhoid with Brain Coma

Duration of last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Dec 22nd 1884

Undertaker, Denny & Mitchell

Place of Business, 535 W Fayette St

E. N. Hill M. D.
Medical Attendant.

Address, 192 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore, 1910

Permit No. 80267

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 21 1884 BALTIMORE

Date of Death, Dec 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Clifton Lombard

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* Three *Months,* 10 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} No 88 Edmondson Ave

Cause of Death, First, (Primary,) Marasmus Inguinal

Second, (Immediate,) Ephemeral Bronchitis

Duration of last Sickness, All his life

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 21/84

E. N. Lee *M. D.*
Medical Attendant.

Undertaker, Chas. J. Davis

Place of Business, 271 N. Eutaw *Address,* 192 N. Carey st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0742.]

Health Department, City of Baltimore.

Permit No. 80268 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT DEC 24 1884 REGISTERED

Date of Death, Dec. 20 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne E. Miller (Miller)

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 44 *Years,* 1 *Months.* 5 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 13 dis ginth [illegible]

Cause of Death, First (Primary), Obstruction of Placenta (in accouchement)

Second (Immediate), Heart clot - (Cabab)

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 22nd

Undertaker, George Schilling

Place of Business,

W. Scott M. D.

Medical Attendant.

Address, [illegible] Lydia [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 50269 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

HEALTH DEPARTMENT DEC 1884 BALTIMORE.

Date of Death, December 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James R. Dunbar

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk Tobacco-Warehouse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Limerick Ireland

Duration of Residence in the City of Baltimore, abt 20 Years

Place of Death, {Give Street and Number.} 497 West Pratt St

Cause of Death, First (Primary),

Second (Immediate), Congestive, Intermittent fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Dec 22d 1884

Undertaker, Geo Leinlach

Place of Business, 389 W Pratt St

E. A. Bell M. D.
Medical Attendant.

Address, 161 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8070 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Octavia A. Payne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 52 Oxford St —

Cause of Death, First (Primary), —

Second (Immediate), Premature Birth

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 22/84

Undertaker, John Bishop

Place of Business, Same Address, Address, Cumb Md & D C

Thos A Clemens M. D.
~~Medical Attendant.~~

HEALTH DEPARTMENT DEC 21 1884 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo E Brown
Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 80271 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James M. Spencer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* ..... *Months.* ..... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Roller

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} 162 S. Eden

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Stomach

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Ground

Date of Burial, December 23. 1894

Undertaker, John W Jackson

Place of Business, ... *Address,* 774 S. Broadway,

G. L. Wiltbank M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80272 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1884 at 1½ A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kattie B. Chase

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* 2 *Months,* 18 *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll County Md.

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and Number.} 173 N. Mount St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Carroll Co Md

Date of Burial, Dec 22/84

Undertaker, Chas. [redacted]

Place of Business, 271 N Eutaw

C. C. Richardson M. D., Medical Attendant.

Address, 169 N. Mount St.

HEALTH DEPARTMENT DEC 21 1884 BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Mount – 3518

Board of Health, City of Baltimore.

Permit No. 80273 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, Dec. 18th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. Leonard

HEALTH DEPARTMENT DEC 21 1884 BALTIMORE

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Inmate of Little Sisters

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} Asst. Little Sisters of the Poor

Cause of Death, First (Primary),

Second (Immediate), Chronic Liver disease & Bronchitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 21 st

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Geo. Fowke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80274 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Krawoski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 235 S. Bond

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate),

Duration of Last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Catholic Harmony Cemetery

Date of Burial, 21 December 84

Undertaker, Hirsch & Co

Place of Business, 215 Saint Str

John H. Rehberger M. D.
Medical Attendant.

Address, 443 Alice Anna

HEALTH DEPARTMENT DEC 21 1884 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 80275 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. R. Mayfield

HEALTH DEPARTMENT DEC 21 1884 BALTIMORE

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, Thirteen *Years,* —— *Months.* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Drug Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md.

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} 298 N. Mount

Cause of Death, First (Primary), Lymphadenoma

Second (Immediate), Inanition

Duration of Last Sickness, about 18 Mos

All the above information should be furnished by the Physician.

Place of Burial, Calvert County Md.

Date of Burial, Dec 21st 1884

Undertaker Henry Mulehill

Place of Business, 560 N. Fayette St

Thos R Quinan M. D.
Medical Attendant.

Address, 182 Harlem Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit - 3579

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Form.

Board of Health, City of Baltimore,

Permit No. 80276 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Holland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} = Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 144 Fairmount Ave

Cause of Death, First (Primary), Scrofula

Second (Immediate), Paralysis Heart

Duration of Last Sickness, 1 Week + 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 22d 1884

Undertaker Henry Sloetz

Place of Business, 309 N Eutaw *Address,* 25½ Fairmount Ave

J. H. Robinson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80277

Office of Registrar of Vital Statistics.

Ward 9 4/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas S. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, ne Gear

Place of Death, {Give Street and Number.} 426 Barnet St

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 22 "84

Undertaker, C. W. McCoy

Place of Business,

J. Mus. Sloan M. D.
~~Medical Attendant.~~
Consulting Physician

Address, 69

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore. 69

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Louis E. Ortz Lith. Co. Balto.

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

Permit No. 80278 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 21 1894

B

CERTIFICATE OF DEATH.

Date of Death, Dec 20, 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Schaffer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* Fourteen *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 6 Walker Str

Cause of Death, First (Primary). Cyanosis

Second (Immediate). asphyxia

Duration of Last Sickness, Fourteen days

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Dec. 21/94

Geo R Graham M. D.
Medical Attendant.

Undertaker J. B. Cook

Place of Business, 707 W. Balto St, *Address,* 136 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is Respectfully Invited to the Accompanying Notice.

Board of Health, City of Baltimore,

Permit No. 80279 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 21 Dec 6 [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Owen Moran

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Institution of the Little Sisters of the Poor

Cause of Death, First (Primary), Asthenia debility

Second (Immediate), 5 or 6 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cimetery

Date of Burial,

Undertaker Mr Bloodcamps

Place of Business,

Jno. Rooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80280 *Office of Registrar of Vital Statistics.* Ward 18 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20 - 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Marks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* — *Days,*

~~*Color,*~~ W.

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and Number.} 56 Fred'k Rd —

Cause of Death, First (Primary), Scarlatina cum Pneumonitis —

Second (Immediate), Asthenia — and toxemia

Duration of Last Sickness, 4 Ds —

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Dec. 22 1884

C. C. McDowell *M. D.*
Medical Attendant.

Undertaker Jos. L. Landis

Place of Business, 66 Fred. Ave *Address,* 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 86281 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rutledge

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 33 Cutler St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, 21 December 1886

Undertaker, John L. Schuh

Place of Business, 265 Aliceanna *Address,* 33 Eutaw St

E. Jno. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 80282 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 30 - '84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Burial Dempsey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 209 Chestnut Alley

Cause of Death.
First (Primary),
Second (Immediate), Catarrhal Pneumonia

Duration of Last Sickness, Four weeks

All the above Info mation should be furnished by the Physician.

Place of Burial, Leonel Cemetery

Date of Burial Dec 22 1884

Undertaker Wilkinson Disinger

Place of Business 462 East 1st

W D Booker *M. D.*
Medical Attendant.

Address, 157 Park av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 80283 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leah Bryan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* ..... *Months,* ..... *Days*

Color, red

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, 22 Jrs

Place of Death, {Give Street and Number.} 22 Smith St.

Cause of Death, First (Primary), Chronic Rheumatism

Second (Immediate), ...

Duration of Last Sickness, General Years

All the above information should be furnished by the Physician.

Place of Burial, Bloomfield Cemetery

Date of Burial, Dec 22 1884

Undertaker, William Burnett

Place of Business, 112 East St

John Neff M. D.
Medical Attendant.

Address, 206 N Caroline Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 50284 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry W Tobenish

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tobacconist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 57 Druid Hill ave. Baltimore Md

Cause of Death, First (Primary), Dis: of liver

Second (Immediate), Dropsy

Duration of Last Sickness, Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Dec 22nd 1884

Undertaker, Mr Pearce

Place of Business, 202 Aisquith

J. E. Clagett M. D.
Medical Attendant.

Address, 116 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

SAFETY FILM

Health Department, City of Baltimore.

Permit No. 80285 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. R Coleman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* 10 *Months,* *Days*

Color, wht

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Bowler

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 249 Madison ave

Cause of Death, First (Primary), Paralysis.

Second (Immediate), Apoplexy

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, Dec 23/84

Undertaker, STEUART & HOLLEN, UNDERTAKERS,

Place of Business, 35 [illegible]

G Lane Tanyhill M. D.
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80286 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, 12-20-84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose C Petry (Peterey)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* 6 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 262 Lee St

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, Not Known

All the above information should be furnished by the Physician.

Place of Burial, Met Olivet Cem

Date of Burial, December 23rd

Undertaker, Wm J. Tickener

Place of Business, 65 S. Eutaw St *Address,* 26 S Paca St

J H Penny *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80287 *Office of Registrar of Vital Statistics.* Nov 1 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 10 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hagedon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 1132 Canton Av

Cause of Death, First (Primary), Asthma

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetri

Date of Burial, Dec 12 1884

Undertaker, John Henrici

Place of Business, 382 Aliceens St.

Ethel Rudd M.D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 80288

OFFICE OF REGISTRAR OF VITAL STATISTICS.

13

HEALTH DEPARTMENT
DEC 22 1884
BALTIMORE MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st Dec

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estell Lockwood

~~*Sex, Male* or *Female,*~~ {Cross out the word not required in this line.} Female.

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Sex, Female.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 340 E. Balto St Balto Md

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 326 E. Balto St

Cause of Death, First (Primary,) ~~Pneumonia~~

Second (Immediate,) Asphyxia

Duration of Last Sickness, 14 Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Decem 24th 1884

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Prof Miles M. D. M. D.
Medical Attendant.

J. M. Lockwood M. D.
Address 326 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 80289 *Office of Registrar of Vital Statistics.* Ward 7 9/a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decbr 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Druckett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 or 30 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 246 N. Durham St

Cause of Death, First (Primary) Carcinomatous tumor under right axilla

Second (Immediate), Marasmus Cancer of heart

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Grm.

Date of Burial, 23 December.

Undertaker, F. Evach & Co

Place of Business, 249 N. Durham St

J. W. Sloner M. D.
Medical Attendant.

Address, 1 E Eager Ferdinand

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80290 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hood

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give Street and Number.} 316 Lancaster St

Cause of Death, First (Primary), —

Second (Immediate), Pneumonia

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Dec. 23rd 1884.

Undertaker, Peter Seeg

Place of Business, 94 Eden Av.

E. J. Boehning, *M. D.*
Medical Attendant.

Address, 58 Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80291 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Collins

Sex, Male or Female, {Cross out the word not required to this line.}

Age, — *Years,* 5 *Months,* 7 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 12 Hull St.

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Dec 23

Undertaker, [illegible]

Place of Business, 99 West St

Robert S. Rowe M. D.
Medical Attendant.

Address, 333 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80292 *Office of Registrar of Vital Statistics.* Ward 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur L. Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 724 Light St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 22

Undertaker, B. Mealy

Place of Business, 82 West St

Howard Lewis M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80293 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Lutt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* ..... *Months.* ..... *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 226 Columbia Ave.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Dec. 23 1884

Undertaker, Andrew Krell

Place of Business, 206 Columbia Address, 170 S. Eutaw

D. W. Linthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80294 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 21st, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Robert Roosevelt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* *Months.* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give Street and Number.} 143 E. Eutaw St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2nd Day

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Dec 22nd 84

Undertaker, G. Franc

Place of Business, Bank & Wolfe Sts *Address,*

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 80295 *Office of Registrar of Vital Statistics.* **Ward** 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22 1884

B

CERTIFICATE OF DEATH.

Date of Death, Sunday Dec 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samual Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 0 *Months,* 2 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 131 Chesapeake St

Cause of Death, First (Primary). Diphtheria

Second (Immediate). Diphtheria

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Dec 22 nd 84

Undertaker G. Frank

Place of Business, Bank & Wolfe *Address,* 28 O Donnell St

J E Sinclair M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 80296

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 20: 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Mettus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sexton of Christ Church

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 196 Hanover Ave.

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, about six months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 23d

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

C. E. Williams M.D.,
Medical Attendant.

Address, 201 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Card.

Health Department, City of Baltimore.

Permit No. 80297 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Bias

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 15 *Months,* ..... *Days*

Color, Bl.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, C

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 111 N Spring st

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Dec 23d

Undertaker, Wilson & Grace

Place of Business, 142 Caroline st

C. C. Grotz M. D.
Medical Attendant.

Address, 131 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 80298 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 17 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Phillip A Handy

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age. Years, 3 Months. 1 Days,

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 149 Chestnut st

Cause of Death. First (Primary). Hereditary predisposition

Second (Immediate). Consumption

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, DEC. 22. 1884

Undertaker Wm. H. Hackman

Place of Business. 234 N. Gay St

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80299

Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec, 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Kuyan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, ~~Single,~~ ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labore

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Seven months

Place of Death, {Give Street and Number.} # 172 Canton Av.

Cause of Death, First (Primary), Chronic Diarhoea

Second (Immediate),

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, Dec 22 A

Undertaker, W Leiffer

Place of Business,

John H. Rehberger M. D.
Medical Attendant.

Address, #143 Alice Annah

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Health Department, City of Baltimore.

Permit No. 80307 *Office of Registrar of Vital Statistics,* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin White

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lead worker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 139 Hudson St

Cause of Death, First (Primary), ...

Second (Immediate), Lead Poisoning 6 mos

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 22d

Undertaker, Wm Cooper

Place of Business, ...

E. Jos. Williams M. D.
Medical Attendant.

Address, 56 E Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8807

Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juanita Gross

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} female

Age, ~~—~~ *Years,* ~~—~~ *Months.* 1 *Days*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 220 Vine St

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Asthenica

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W Public Cemetery

Date of Burial, Dec 22d 1884

Undertaker, G A Kerchner

Place of Business,

Wm A Sloan M. D.

~~Medical Attendant.~~

Address, Camp Nr & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

W. E. Roberts Sanitary Inspector

[OVER.]

Health Department, City of Baltimore.

Permit No. 80302 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Chaine

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months.* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Canada

Duration of Residence in the City of Baltimore, 6

Place of Death, {Give Street and Number.} 713 Hanover St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Apnoea

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 23 th

Undertaker, Adam Fink,

Place of Business, 461 N Gay St.

Ross Ellis M. D.
Medical Attendant.

Address, 313 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80303 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Dec. 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James S. Fitzgerald

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* 6 *Months,* *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} Forest & Douglas Sts.

Cause of Death, First (Primary), Typhoid fever.

Second (Immediate), Exhaustion

Duration of Last Sickness, 18 Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 22 a 1884

Undertaker, Jas P Byrne

Place of Business, 110 N Gay

Edward P. Reddick M. D.
Medical Attendant.

Address, 2 Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80304. *Office of Registrar of Vital Statistics.* Ward 10 9/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH DEC 22 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, December 21st 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore Walker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 229 Chesnut Alley

Cause of Death, First (Primary). Capillary Bronchitis Acute

Second (Immediate). " "

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 22nd 1884

A. K. Bond M. D.
Medical Attendant.

Undertaker Geo. M. Chase

Place of Business, 195 S. Howard st *Address,* 316 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the ...

Health Department, City of Baltimore.

Permit No. 88385 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 21/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months.* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} St Vincents Infant Asylum.

Cause of Death, First (Primary), Diarhea

Second (Immediate), Exhaustion

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec. 22/84

Undertaker, Wm. McVeagh

Place of Business, Lexington & Howard

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave, Calton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 80306 *Office of Registrar of Vital Statistics.* Ward 12 C1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 22 1884
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 21st " 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Imogene Kilgore

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.} —

~~Occupation~~, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford County

Duration of Residence in the City of Baltimore, Transient

Place of Death, {Give street and Number.} 198 South Hill St

Cause of Death, First, (Primary,) Catarrh

Second, (Immediate,) Scarlatina

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Stateville York Co Pa

Date of Burial, Dec 23rd 1884

Edward A Mans M. D.,
Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

352 Fawset

Health Department, City of Baltimore.

Permit No. 80307 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22 1884

CERTIFICATE OF DEATH.

Date of Death, 21st December 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Ruppertsberger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* 9 *Months,* 21 *Days*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give Street and Number.} Walnut Alley No. 25.

Cause of Death, First (Primary), Tuberculosis Pulmonum

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 23rd 1884

Undertaker, Walter Lummel

Place of Business, 815 N. Biddle St

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe & Mt.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 80368 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22 1884

C

CERTIFICATE OF DEATH.

Date of Death, December 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernhard Schoer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 year

Place of Death, {Give street and Number.} No 45 Bank st

Cause of Death,
First (Primary), Femoral Hernia, strangulated 3 hours after operation
Second (Immediate), Hemorrhage

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Meyers Comt.

Date of Burial, Dec. 23 1884

Undertaker Michael Funk

Place of Business, No 95 Bank

L C Whitmarsh M. D.
Medical Attendant.

Address, 12 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80309 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 22 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 22d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria C Mc Cormick

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months.* *Days*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} 708 N Arlington Ave

Cause of Death, First (Primary), Cystitis

Second (Immediate), Uraemia

Duration of Last Sickness, about 2½ years, Ill 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem Co

Date of Burial, Dec 23rd 1884

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

Elias C Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 80310

Office of Registrar of Vital Statistics.

Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 21/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Etta

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 449 S. Dallas St

Cause of Death, First (Primary), Diphtheria (Former) attended by St. Catharine

Second (Immediate), Asthenia of the Heart

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 22nd 1884

Undertaker, Chas. S. Butler

Place of Business 131 N. Caroline St

R. W. Mayfield M. D.
Medical Attendant.

Address, 57 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Permit No. 80311

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 22 1884

CERTIFICATE OF DEATH.

Date of Death, December 22 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen M. W. Elderry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hampstown Pa

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} 184 N. Gilmor St

Cause of Death, {First, (Primary.) Cerebral Apoplexy / Second, (Immediate.)

Duration of Last Sickness, 1 day,

All the above information should be furnished by the Physician.

Place of Burial, Westminster Yard

Date of Burial, Dec 23rd 84

Undertaker, McDonald and Sons

Place of Business, Park Avenue

Reynolds Slaugh M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80312

Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Keefer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, City

Place of Death, {Give Street and Number.} 295 Columbia Ave

Cause of Death, First (Primary), Typhoid Malarial Fever

Second (Immediate), 4 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Dec. 23rd/84

Undertaker, W. Cadwgan

Place of Business, 227 Mulberry St

Address, 158 Lucas

Jno D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore.

Permit No. 80313 *Office of Registrar of Vital Statistics.* Ward 8 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec'r 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charity Grant

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days,*

Color, black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kentucky

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Institution of the Little Sisters of the Poor

Cause of Death, First (Primary),

Second (Immediate), Cancer Omenti

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial,

Undertaker Mr Bloodsamp.

Place of Business,

Geo. Burke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8031 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, [redacted] Dec 20th [redacted]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Evans

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 32 Wayne St.

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Epidemic.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 23rd 1894

Undertaker, Saml M. Chase

Place of Business, 98 S Howard St

C. S. Borie M. D.
Medical Attendant.

Address, 210 Park St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80315 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester A. Blunt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months.* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give Street and Number.} 53 Beaumont St

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, December 23d 1884

Undertaker, Carl H. Chase

Place of Business, 176 Eastern Ave *Address,* 161 E Lee St

Chas. T. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 80316 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 21/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Schwinninger

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 80 Oxford St

Cause of Death, First (Primary), Premature Birth (7 months)

Second (Immediate),

Duration of Last Sickness, Life Time

All the above information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, Dec 23/84

Undertaker, Rosenberg

Place of Business, Address, Eaugh & Pr

Jas A Steuart (M. D.)

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo E Brown Acting Inspector

Health Department, City of Baltimore.

Permit No. 80317 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 27/84 vanstavern

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Vanstavern

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* 4 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 416 Scott

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem-

Date of Burial, December 28th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St

Jno D Hake M. D.
Medical Attendant.

Address, 158 Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80318 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Harden Mother

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 12 *Days*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 159 Raborg St

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 23d 1884

Undertaker, Wm N Dungee

Place of Business,

Thos A Sloan M. D.

~~Medical Attendant~~ Comptroller

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

W. G. Roberts Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 80319

Office of Registrar of Vital Statistics. Ward 12 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20, 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie W Hashagen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 2 *Years,* *Months* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give Street and Number.} 372 W Biddle st.

Cause of Death, First (Primary), Fracture of the skull

Second (Immediate), Compression + concussion

Duration of Last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Fitzhugh M & P C R R Parkton station

Date of Burial, Dec 23

Undertaker, W H Lizard

Place of Business, 201 Pa Ave

Wm A Jones M. D.
Coroner
Medical Attendant.

Address, 326 Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3522 Hanover

[over.]

Board of Health, City of Baltimore,

Permit No. 80320 *Office of Registrar of Vital Statistics.* Ward 20 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Decbr 22 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Marion Ould Swindell

Sex; Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 6 *Years,* 6 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and Number. } 172 La Fayette Ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) do

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 23/84 Jas Carey Thomas M. D.,

Undertaker, E. B. Lunsford Medical Attendant.

Place of Business, 98 Lem-a Address, 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 8032 / *Office of Registrar of Vital Statistics.* Ward 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decemb. 22d 84

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Joyce

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Fort ave & Jackson st. Ice house

Cause of Death, { First (Primary), } malnutrition /

{ Second (Immediate). } marasmus / since birth - (Uncertain)

Duration of Last Sickness, /

the above information should be furnished by the Physician.

Place of Burial, Mount Cathedral

Date of Burial, Dec 23 1884

Undertaker B. Hoke

Place of Business,

Jno H Smith *M. D.*

Medical Attendant.

Address, 28 Lisbon St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80324 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Mills

Sex, ~~Male~~ or Femalc, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 577 Light

Cause of Death, First (Primary),

Second (Immediate), Phthesis

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 23/84

Undertaker, B. Hall

Place of Business,

C. A. Cooke M. D.
Medical Attendant.

Address, 100 Fort av

...t from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

...2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty ...an who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...ur hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as ... be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and ...of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80323

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Wehler

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 74 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} widow

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 162 Franklin St

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, 3 or 4 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Ch

Date of Burial, Dec 23d 1884

Undertaker, John L. Meehan

Place of Business, No 15 Eastern Ave

J. R. Wehler M. D.
Medical Attendant.

Address, 234 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80324 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 21st 1864

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernest C. Cole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 5 Months, 4 Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt- City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 1 York St

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager Cemetery

Date of Burial, 23d of December

Undertaker, Fred Dietz

Place of Business, 261 Montgomery St.

Jno L Bull M. D.
Medical Attendant.

Address, 161 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special Attention of Physicians is respectfully invited to the Remarks below and to those on Back of this.

Board of Health, City of Baltimore,

Permit No. 80326 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes Coleman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ✱ *Years,* 7 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 10- Mosher St

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Passive Congestion of the Brain

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Dec. 24/84

Undertaker, Chas. F. Scriven

Place of Business, 271. N. Eutaw

J. H. Grimes M. D.,
Medical Attendant.

Address, 287 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80326 *Office of Registrar of Vital Statistics.* Ward 19 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 23 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Tyler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 6 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 282 Bruce to between Edmondson & Hilton

Cause of Death, First (Primary), Cold

Second (Immediate), Asphyxia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, H B Pub Cem

Date of Burial, Dec 28/84

Undertaker, F. A Kirchner

Place of Business,

J Arnold Stevens M. D.
~~Medical Attendant~~

Address, Cor Pac & Fre

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

~~The Special Attention of Physicians is Respectfully Invited to the Reverse Side~~

Board of Health, City of Baltimore.

Permit No. 80327 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Divency

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 100 York St.

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate). Exhaustion

Duration of Last Sickness, Six Months

the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 24th 1884

Undertaker C.T. Krauserson.

Place of Business,

J. H. Hoffman M. D.
Medical Attendant.

Address, 279 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80328 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Eleanora Binyon

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} 667 W Fayette St

Cause of Death, First (Primary), Disease of Liver

Second (Immediate), Congestion Chill

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, Dec 24th, 1884

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

James Bordley M. D.
Medical Attendant.

Address, 319 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80329 *Office of Registrar of Vital Statistics.* Ward 15.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Langford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months.* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 6 Plum Alley.

Cause of Death, First (Primary), Spasms

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 23rd 84

Undertaker, Saml H Chase

Place of Business, 195 S. Howard

C. D. Bize *M. D.*
Medical Attendant.

Address, 220 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80330 *Office of Registrar of Vital Statistics.* Ward 5-9-17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 23 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Price

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Student

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life "

Place of Death, {Give Street and Number.} 203 E. Monument

Cause of Death, First (Primary), Diphtheria, So the family informed me.

Second (Immediate), Acute Nephritis

Duration of Last Sickness, about 3 weeks. I only saw her the night before

All the above information should be furnished by the Physician.

Place of Burial, Green mount cem

Date of Burial, Dec 23rd 1884

Undertaker, Jno H Hartman

Place of Business, 234 N. Gay St.

L. Osburn M. D.
Medical Attendant.

Address, 171 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over.]

Health Department, City of Baltimore.

Permit No. 80331 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22 — "84 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary O'Brien

Sex, ~~*Male.*~~ *or Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days*

Color, Wht.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 yrs.

Place of Death, {Give Street and Number.} No. 8 Enon St.

Cause of Death, First (Primary),

Second (Immediate), Cerebral Apoplexy

Duration of Last Sickness, 4 — 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y

Date of Burial, Dec. 23" /84

Undertaker, James P. Byrne

Place of Business, Front St.

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80332 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hirsh Rosenberger

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 33 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 68 Fremont St

Cause of Death, First (Primary), Pulmonales

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, Dec 23

Undertaker, Wm Elgan

Place of Business, 101 South St

Edward P. Andrew M. D.
Medical Attendant.

Address, 34 August Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Instructions on Back of this.

Health Department, City of Baltimore.

Permit No. 80333 *Office of Registrar of Vital Statistics.* Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Bellina

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 20 N. Caroline St

Cause of Death, First (Primary), Cardiac affection

Second (Immediate), Dropsy

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Eden St Heb Cemetery

Date of Burial, Dec 23rd 1884

Undertaker, Wm Eilau

Place of Business, 101 Gough St *Address,* 121 Gough

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80334 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Davis

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 7 days ~~*Years,*~~ ~~*Months,*~~ *Days*

Color, Black

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} No 1 Jones Court

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give Street and Number.} No 1 Jones Court

Cause of Death, First (Primary), Child undeveloped

Second (Immediate), Exhaustion

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Lemel Cemetery

Date of Burial, Dec 23 ed 1884

Undertaker, J J Locks

Place of Business, 473 Jefferson St

S. V. Thompson M. D.
Medical Attendant.

Address 346 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 80335 *Office of Registrar of Vital Statistics.* Ward 5 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 21 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Bartis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days,*

Color, col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Porter at Balto & Ohio Railroad Depot

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 83 East 21

Cause of Death, First (Primary), Indigestion

Second (Immediate), Gastritis Chronic

Duration of Last Sickness, Two years (ailing)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 23rd 1884

Undertaker J J Locke

Place of Business, 173 Fallsway 21

E C Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 80336 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Gill

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* 6 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 819 W Pratt St.

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem

Date of Burial, Dec 24 1884

Undertaker, W. Defisel

Place of Business, N. Bond St. *Address,* Waverly Terrace

Geo H Epton *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80337 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Beachamp

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* ——— *Months.* ——— *Days*

Color,

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give Street and Number.} 56 Warren Ave

Cause of Death, First (Primary),

Second (Immediate), Fatty Degeneration of the Heart

Duration of Last Sickness, 3 or 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Cremation

Date of Burial, Dec 24/84

Undertaker, Cunningham

Place of Business, 208 E Pratt

By Theodore Cook M. D.
Medical Attendant.

Address, 1116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8338 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Snider

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 90 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 136 Mobtgomery St Alley

Cause of Death, First (Primary), Debility

Second (Immediate), 4 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 24 1884

Undertaker, [illegible]

Place of Business, [illegible]

G B Stith M. D.
Medical Attendant.

Address, 17 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Regulations below, and to the Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80339 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Warren Bohlayer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore. Life time

Place of Death, {Give Street and Number.} 16 Warren Court

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, December 24 "

Undertaker, M. Fuenty

Place of Business, 35 Bank St

P. L. Dashiell Jr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

One visit. Called when in a dying condition. —

[over.]

Board of Health, City of Baltimore,

Permit No. 80340 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Evans

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Horse Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 8 S Chester

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Date of Burial, Dec. 26/84

Place of Burial, Balto. Cem.

Undertaker, M. A. Daiper

Place of Business, 745 Bway, *Address,* 19 S Broadway

E. J. Ray

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Ce as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 8031/1 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22" 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A. Goodhues

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23. *Years,* 8. *Months.* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 63. Thames St.

Cause of Death, First (Primary),

Second (Immediate), Heart Disease.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 24" 84

Undertaker, M. A. Daigel

Place of Business, Broadway

James Sloan M. D.

Medical Attendant

Comm" of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Dunning Dep Sr

Board of Health, City of Baltimore,

Permit No. 80342 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 23 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth H Elliott

Sex, Male or Female, {Cross out the word not required in this line.} Elizabeth

Age, 57 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 53 Franklin St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 26th 84

Undertaker, F L Shaffer

Place of Business, 192 Franklin St

Medical Attendant. M. D.,

Address, 1211 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 8034 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23d. December 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Arold

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 9 *Months,* 13 *Days*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. during lifetime

Place of Death, {Give Street and Number.} S. Dallas Street 128.

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate),

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, December 24th/84

Undertaker, Fred. Gaede

Place of Business, 29 E. Caroline Address, S. Wolfe & 11th

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department City of Baltimore.

Permit No. 80344 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Feb 1 1900~~ Dec. 30 1900

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Topkins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 44 Stockholm St

Cause of Death, First (Primary), Epilepsia

Second (Immediate),

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 31 1900

Undertaker, H. Ross

Place of Business,

D Wallace M. D.
Medical Attendant.

Address, 10 Paca Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 80345 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maine Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* 7 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 19 Pauls alley

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} 19 Pauls alley

Cause of Death, First (Primary), Inanition

Second (Immediate), ...

Duration of Last Sickness, 5 weeks

All the above Information should be furnished by the Physician.

Place of Burial Shep St

Date of Burial, Dec 24 1884

Undertaker J W Young

Place of Business, 617 Bruce St

G. W. Innes M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80346 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 23. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert L. Small

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 45 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 67 S Calhoun St

Cause of Death, First (Primary),

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, 6 hours

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 25th 1882

Undertaker, Geo Leimbach

Place of Business, 389 W. Pratt St

Thomas Godfrey M. D.
Medical Attendant.

Address, 11 Gleanor St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore,

Permit No. 803-77 *Office of Registrar of Vital Statistics.* **Ward,** 8"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

DEC 24 1884

Date of Death, Dec. 23. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Mayfarl

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* 10 *Months,* 17 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} # 177 N. Front St.

Cause of Death, First (Primary), Aortic Stenosis (Valvular Disease of Heart

Second (Immediate),

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 25th

Undertaker George Schilling

Place of Business,

Geo. A. Hartman M. D.
Medical Attendant.

Address, # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 80348 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Reed

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 96 Somerset st

Cause of Death, First (Primary), Cold

Second (Immediate), Pneumonia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Dec 24th 1884

Undertaker, Henry Hoeck

Place of Business, 309 N Central av

James A Keenan M. D.
Medical Attendant.

Address, Canton P.O.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry McMcKeown Sanitary Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 23 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph C Josenhans

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give street and number} 247 S Durham St

Cause of Death, First, (Primary,) Asthma

Second, (Immediate,) Paralysis of Heart

Duration of last Sickness, Several yrs

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery.

Date of Burial, Decbr 26th 1884

E Hutchinson M. D.
Medical Attendant.

Undertaker, Wm C Nicolaus

Place of Business, 258 Alice Anne. *Address,* 108 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 80350 *Office of Registrar of Vital Statistics.* Ward 16 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1884

CERTIFICATE OF DEATH.

Date of Death, December 23rd 1884

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Callahan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months.* 6 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 74 Elbow Lane

Cause of Death, First (Primary), Marasmus

Second (Immediate), Convulsions

Duration of Last Sickness, 6

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, 26 Dec 84

Undertaker, H. Pell

Place of Business, 79 Conway St

Sat Bee C M. D.
Medical Attendant.
Coroner

Address, 161 E. Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80357 *Office of Registrar of Vital Statistics.* Ward 2 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec, 23d, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bruno Adeski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} 281 Alice Anna St

Cause of Death, First (Primary), Pneumonia (Acute)

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Dec 25th 1882

Undertaker, Joseph L Schuh

Place of Business, 226 Aliceanna *Address,* 243 Alice Anna St.

John H Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80352 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 2 1881

CERTIFICATE OF DEATH.

Date of Death, Dec. 22d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Earnest H. Carroll

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months.* 14 *Days*

Color, Colored

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 44 Boyd St.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Convulsions

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sturgis Cemetery

Date of Burial, Dec 25 1881

Undertaker, Welbourn & Berger

Place of Business, 62 East St

H. H. Webber M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, [illegible] Disease or Death of

Board of Health, City of Baltimore,

Permit No. 80353 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 21 – 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Foot

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md · 125 Vincent alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 125 Vincent alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Hemorrhage from Umbilical Cord

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cockeysville

Date of Burial, Dec 25 1884

Undertaker, William Dorsey

Place of Business, 62 East St

Catherine Jones C[illegible]

Dr Miss Downes M.D.,

Medical Attendant.

Address, Lafayette cor Shakes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Trans. 3523

Health Department, City of Baltimore.

Permit No. 80354 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 84 (Parents)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Harland. d/o John Spence.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 70 Chestnut St.

Cause of Death, First (Primary),

Second (Immediate), Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Dec 24 "84

Undertaker, W M Lemmon

Place of Business, East St

James A Clemens M. D.

~~Medical Attendant.~~

Address, Cumb & Pa

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Jas C. Fitzpatrick

[OVER.]

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 80355 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brickmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give Street and Number.} 95 Lees Montgomery St

Cause of Death, First (Primary),

Second (Immediate), Inflammation of the Bronchis

Duration of Last Sickness, Since Oct 15th 84

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 24th 1884

Undertaker, Geo W Wilkins

Place of Business, 221 Hamburg *Address,* 101 So Howard St

Geo A Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Letter Directions on Back of this C...

Board of Health, City of Baltimore.

Permit No. 81356 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23 - 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} England — Elsie Stewart, Anna Stewart, Edward

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 13 Clements St

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and Number.} 13 Clements Ed Constitution Ed See Note

Cause of Death, First (Primary) .....

Second (Immediate) .....

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, W. Pres. Cemetery

Date of Burial, Dec 24 / 884

E H Janney, M. D.
Medical Attendant.

Undertaker F. A. Kershner

Place of Business, Arlington Hotel *Address,* 83 Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[over.]

The Special Attention of Physicians is ...

Board of Health, City of Baltimore,

Permit No. 80357

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 23d December 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alfred Douldin

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 36 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 215 Aisquith

Cause of Death, First, (Primary.) Injury to Spine in U.S. Service —

Second, (Immediate.) Progressive Paralysis

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 26th 1884

Undertaker, John S. Mather

Place of Business, No 150 Eastern Ave

H. W. Owings *M.D.,*
Medical Attendant.

Address, 364 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80358 *Office of Registrar of Vital Statistics.* Ward 6 & 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 23rd, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Margaret Murray

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Ninety One *Years,* — *Months,* — *Days* ✓

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 109 South Broadway

Cause of Death, First (Primary), ...

Second (Immediate), Old Age

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 26th 1884

Undertaker, John J Macha

Place of Business, No 150 Caroline

Wm. H. Cleudinen, M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore.

Permit No. 80359 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

NEW YORK STATE LIBRARY DEC 24 1884 BALTIMORE

Date of Death, Dec. 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Heinlein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Stone Cutter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} S. W. Cor. Biggin & Chase Sts

Cause of Death, First (Primary), Cancer ~~of right side~~ involving Petrous portion of right Temporal and Sphenoid Bones,

Second (Immediate),

Duration of Last Sickness, 1 Year

the above information should be furnished by the Physician.

Place of Burial, Mt. Holy Redeemer

Date of Burial, Dec 26 1884

E. B. Fenby M. D.
Medical Attendant.

Undertaker Henry Hoods

Place of Business, 309 N. Central Av. *Address,* 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 80360 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 24 1884 BALTIMORE, MD

Date of Death, Dec, 24 /884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbra Edell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 367 E Eager St

Cause of Death, First (Primary),

Second (Immediate). Acute Pneumonitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Dec 25 1884

Undertaker Henry Hoeck

Place of Business, 369 Central Ave *Address,* 882 Balti St

A Trepschuh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illness], or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [and] condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 80361 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 24 1884 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec. 24, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Guard Virginia Howard.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* 22 *Days,*

Color, Black.

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Westmoreland Co Virginia

Duration of Residence in the City of Baltimore, About 5 months

Place of Death, {Give street and Number.} 124 Orchard St.

Cause of Death, First (Primary), Coxalgia

Second (Immediate), Exhaustion

Duration of Last Sickness, (under my care) 13 days

All the above information should be furnished by the Physician.

Place of Burial, Shamp hill-Cemetery

Date of Burial, Dec 27 1884

Undertaker Alf Hennelly

Place of Business,

C Morris Dodson M. D.
Medical Attendant.

Address, 192 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 80362 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Yeat

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months.* *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lancaster Co Pa

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 193 Winston al-

Cause of Death, First (Primary), Senile Debility

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 26/1884

Undertaker, Walter Dummel

Place of Business, 810 W. Biddle *Address,*

M. J. Mumk *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80363 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Felicita Antoinette Sanner

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 3 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give Street and Number.} No 50 Pinkney Place

Cause of Death, First (Primary), Consential Collapse of Lung

Second (Immediate), Eclampsia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Dec 25/84

Undertaker, Fryer Bro

Place of Business, ...

Edmund E. Gibbs M. D.
Medical Attendant.

Address, 136 E. Townsend St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Instructions on the back of this

Health Department, City of Baltimore.

Permit No. 86364 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. McCourt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, House keeper.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 yrs.

Place of Death, {Give Street and Number.} 20 Lexington St.

Cause of Death, First (Primary), Acc metrorrh

Second (Immediate), Peritonitis puerperal

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wilson Cemetery

Date of Burial, 26 Dec

Undertaker, J. Cook

Place of Business, Balto St

D. H. Mottheim M. D.

Medical Attendant.

Address, Fayette & Paca sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 80365 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 24th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Loudwick

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* - *Months.* - *Days*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give Street and Number.} 23 Watson St

Cause of Death, First (Primary), 2 Apoplexy

Second (Immediate), 3

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetri

Date of Burial, Dec 26th 1884

Undertaker, John Hennig

Place of Business, 282 Orleans St

Chas M. Morfit M. D.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of This

Health Department, City of Baltimore.

Permit No. 8336

Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bradley Bradley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 10 *Months.* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ~~Printer~~ Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 250 Northern Ave

Cause of Death, First (Primary),

Second (Immediate), Peritonitis

Duration of ~~*Last*~~ *Sickness,* ~~7~~ Four Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 27th 1884

Undertaker, John R Mongh & Co

Place of Business, 298 Penna Ave *Address,* 426 Eastern Ave

B F Bradley Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80367 — *Office of Registrar of Vital Statistics.* — Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th. December 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ritterbusch.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months.* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City.

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give Street and Number.} S. Washington Street 16.

Cause of Death, First (Primary), Diphtheritis

Second (Immediate),

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, Dec 26th 1884

Undertaker, Fred. Gaede

Place of Business, 29 E. Baltimore

William Henkel M. D.
Medical Attendant.

Address. S. Wolfe St. 16

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 81368

OFFICE OF REGISTRAR OF VITAL STATISTICS.

(112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Virginia B. Woodward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* 3 *Months,* 5 *Days.*

Color, Wh.

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 365 Eutaw Pl.

Cause of Death, First (Primary,) Pneumonitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 wks and 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 26th 84

Undertaker, New Jenkins Home

Place of Business, Park & Saratoga Sts

Wm F. Lockwood M. D.
Medical Attendant.

Address Park Ave & Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 80369

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday December 24th 5-30 O. Clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charley H Jelwicks

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 7 Years, 5 Months, 7 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick City MD

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number} 212 N. Carey St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Cirrhosis of the liver.

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Hagers Town

Date of Burial, December 26

Undertaker, J B Cook

Place of Business, 707 W Baltimore

E. M. Free M. D.
Medical Attendant.

Address, 192 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 3523

[over]

PUBL. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Rules and Regulations on the Back of this

Health Department, City of Baltimore.

Permit No. 80370 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathias Hettrick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clockmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give Street and Number.} 84 S. Charles St

Cause of Death, First (Primary), Senility

Second (Immediate), Senile Gangrene

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Dec. 26/84

Undertaker, J. B. Cook

Place of Business, 707 E. Balto St

Wm. Gould M. D.
Medical Attendant.

Address, 170 S. Stag St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 80377 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Divine

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, ~~Widow~~ or ~~Widower,~~ { Cross out the word not required in this line. }

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 100 York St. Balto. City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 100 York St

Cause of Death, First (Primary), Bronchial Catarrh

Second (Immediate), Pharyngitis

Duration of Last Sickness, about two weeks

the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 26th 84

Undertaker C. F. Krauss Son

Place of Business,

J. H. Hoffmann M. D.
Medical Attendant.

Address, 279 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8137 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 23. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm R. Newman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months.* 11 *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 77 Arch Lath.

Cause of Death, First (Primary),

Second (Immediate), Bronchitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 25th 1884

Undertaker, Wm N. Dunger

Place of Business, 462 Central

Geo. A. Fleming M. D.
Medical Attendant.

Address, Broadway & Green

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and cause and date of death.

{OVER.}

Board of Health, City of Baltimore,

Permit No. 80373 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillip Wacker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 — *Years,* 4 — *Months,* 11 — *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and Number.} 174 Hamburg Street

Cause of Death, First, (Primary,) Croup

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, December 26

Undertaker, Wm J. Tickner

Place of Business, 66 S. Eutaw *Address,* 226 Montgomery

George [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Health Department, City of Baltimore.

Permit No. 88374 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23 Dec 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Emily Weatherstine

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* 7 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} — Germany

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 95 Cambridge St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Cachexia

Duration of Last Sickness, about one year.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Dec. 25th 1884

Undertaker, G. France

Place of Business, Bank & Wolfe Sts Address, 314 E Balt. St.

B. F. Lemon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80375 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Behna

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cels

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} # 128 Thames St

Cause of Death, First (Primary), Diptheritic Croup

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Dec 25th 84

Undertaker, G. Trance

Place of Business, Bank & Wolfe Sts *Address,* 242 Aliceanna

John H. Pellegrin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80376 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 25 1884

Date of Death, December 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Güttner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labourer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Russian Poland

Duration of Residence in the City of Baltimore, twelve years

Place of Death, {Give street and Number.} 245 Wolf Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, two Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Dec. 26th 84

Undertaker, G. Franz

Place of Business, Bank & Wolfe Sts

Medical Attendant Astark M. D.,

Address, 344 Light Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80377 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 23 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eviard Connelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer Rupin

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give Street and Number.} 141 Holden St.

Cause of Death, First (Primary), ...

Second (Immediate), Amputation of thumb.

Duration of Last Sickness, 10 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Dec. 26/84

Undertaker, Chas. L. Scriven

Place of Business, 271 N. Eutaw Address, 57 Augusta Ave

Edward P. McDonald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 8038 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 24 / 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie N Williams

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* 6 *Months,* 26 *Days,*

Color, colored

Married, ~~Single~~ ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Washwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Winchester Va

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and Number.} 704 Saratoga St

Cause of Death, First, (Primary,) Gen Debility

Second, (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 25 1884

Undertaker, J H Crane

Place of Business, 498 Howard

Address, Balto

Of Nelson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 80379 *Office of Registrar of Vital Statistics.* Ward 15 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Jenkins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* ..... *Months.* ..... *Days*

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Abt 30 Yrs

Place of Death, {Give Street and Number.} 11 Rickets Court

Cause of Death, First (Primary), Intemperance

Second (Immediate), Exposure

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemetery

Date of Burial, Dec 24 1884

Undertaker, P A Kershner

Place of Business, 129 Arlington Ave *Address,* 101 Carlton Ave

Leo Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80380 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Landergan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 62 E Fayette

Cause of Death, First (Primary), Spasm

Second (Immediate), Convulsions

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Dec 26 1894

Undertaker, M. Lelunta & Son

Place of Business, 92 S Amm *Address,* [illegible]

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80381 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEC 26 1894 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 24 – 94

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry H. Elder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Jan *Months,* Eighteen *Days,*

Color, W

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 140 Barre St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup, Membranous

Duration of Last Sickness, 27 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Dec 26th

Undertaker, F. McGrath

Place of Business, 131 Hanover St.

J. Tyler Smith M. D., Medical Attendant.

Address, 167 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80384 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Weaver

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* 8 *Months* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} Winans Row No 2

Cause of Death, First (Primary),

Second (Immediate), Puerperal Fever

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, Dec 26

Undertaker, B. Ware

Place of Business, 82 West St

Edward Coale M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 80383 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances E. Kellenmeier

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and Number.} #23 Paterson Park Ave.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, December 28th 1884 E. L. Bono M. D.

Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 65 S. Broadway Address, #375 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80384 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24—84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} No name Trundling

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Suffolk Co Baltimore Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 245 Durham St (N. E. Police station)

Cause of Death, First (Primary), Effusion

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, Dec 26 /84

Undertaker, Geo. Rutledge

Place of Business, —— *Address,* 110 Aisquith St

Wm. Hall Rutledge M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 80385 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 25 1884

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Betsy Feder

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Russia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and Number. } 65 Watson st

Cause of Death, First (Primary), Puerperal Fever

Second (Immediate),

Duration of Last Sickness, about 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Russian Cemetery

Date of Burial, Dec 26

Undertaker L Ahrens

Place of Business, [illegible] *Address,* Wolfe & Aisquith sts

H. Dennis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Health Department, City of Baltimore.

Permit No. 80386 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 26 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 25. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Hand

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 5 mo

Place of Death, {Give Street and Number.} 14 Parish Alley

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 26 1884

Undertaker, S. W. Chase

Place of Business, 428 Lanvale st

O'Neill M. D.
Medical Attendant.

Address, 208 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80387 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CITY HEALTH DEPT. DEC 26 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decemba 23th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Kuesner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* ~~Months,~~ *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 156 E. Register st

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, Dec 26 th

Undertaker, H Leipper

Place of Business,

Thomas B. Evans M. D.
Medical Attendant.

Address, No 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80388 *Office of Registrar of Vital Statistics.* Ward 2 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Bauer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* Twenty (20) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 102 Eastern Avenue

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Mound Cemetery

Date of Burial, Dec 26th

Undertaker, H. Lippel

Place of Business,

Wm H Carnein M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 24 — "84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Cunningham

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days.*

Color, Wht.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Can-maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 31 yrs.

Place of Death, {Give street and number} No. 12 E. Lombard

Cause of Death, First, (Primary,) Intemperance & exposure

Second, (Immediate,) Apoplexy

Duration of last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, St Patrick C

Date of Burial, Dec 26 84

Undertaker, W. Shipped

Place of Business,

Alex. Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 80390 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Miller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Home

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Nephritis

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 26

Undertaker, G A Bhrens

Place of Business, 207 Pac Ave

Tho. E. Latimer M. D.,
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 17—

Permit No. 80391

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* up, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Emma Ryder,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 Years, 8 Months, 24 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 105 Cross St.

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate,)}

Duration of Last Sickness, 7 weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 26 1884

Undertaker, Armstrong

Place of Business, 260 Light

R. J. N. Tall, M. D.
Medical Attendant.

Address 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 80392 *Office of Registrar of Vital Statistics.* Ward 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Lechner Lechner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 48 Year

Place of Death, {Give Street and Number.} Eastern Ave 93

Cause of Death,
First (Primary), Pneumonia
Second (Immediate), Exhaustion

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Dec 27th 1894

Undertaker, Peter Tipsey

Place of Business, 91 Eastern Ave

John A Schultz M. D
Medical Attendant.

Address, 1 E Baltimore & Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 80393 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Hill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 129 Lemmon St.

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 26

Undertaker B. Hall

Place of Business, 82 West St

R. J. N. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80394 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Lowry

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 541 Eighth Av

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C.

Date of Burial, Decemb. 28

Undertaker, R. Wade

Place of Business, 62 West St

O. A. Weeks M. D.
Medical Attendant.

Address, 110 Front Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the time and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80395 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kovalefski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Galz

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} # 512 Thames St

Cause of Death, First (Primary), Convulsions (Internal)

Second (Immediate),

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 26 84

Undertaker, J. Frame

Place of Business, Bank & Wolf

John H Kehlinger M. D.
Medical Attendant.

Address, 243 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8396 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25th December 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hinzmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give Street and Number.} S. Central Avenue 46

Cause of Death, First (Primary), Cyanosis

Second (Immediate),

Duration of Last Sickness, During Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Dec 27 '84

Undertaker, G. Frank

Place of Business, Dam & Wolfe

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe St 117

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80397 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Bentzen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md U S

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 2 E Bruce St Alley

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Thomas Cem.

Date of Burial, Dec 26th 84

Undertaker, G. Franz

Place of Business, Franz & Wolke *Address,* 24 E. Bruce St

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80398 *Office of Registrar of Vital Statistics.* Ward 15 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Nolan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months.* *Days*

Color, white

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland 34 Years

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give Street and Number.} 156 S. Sharp St

Cause of Death, First (Primary), —

Second (Immediate), Old Age

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 27th 1884

Undertaker, C.F. Knaus & Son

Place of Business,

E. Buchanan M. D.
Medical Attendant.

Address, 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 80399 *Office of Registrar of Vital Statistics.* Ward 20 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Thomas Young

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* 10 *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tayler

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 307 N. Carrollton ave N. of Mosher

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Hemorrhage

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Decr 28th 1884

Undertaker, John. S. Mackey

Place of Business, No 150 Camden

Samuel Steiner M. D.
Medical Attendant.

Address, 9 S Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 89499 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Perigo

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and Number.} 413 N Stricker

Cause of Death, First (Primary), Typhoid Malarial fever

Second (Immediate),

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 27th 1884

Undertaker John J Andrews

Place of Business No 426 Druid Hill Ave

G. W. Jones M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 4 on Back of...

Board of Health, City of Baltimore.

Permit No. 80407 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 25 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Bennett Burgett

Sex, ~~Male.~~ *or Female.* {Cross out the word not required in this line.}

Age, 64 *Years,* 11 *Months,* 25 *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 229 Druid Hill Avenue

Cause of Death, First (Primary), Hemiplegia

Second (Immediate), Apoplexy

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec 27th 1884

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St *Address,* 124 n Exeter st

E. C. Baldwin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 80402 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 25 / 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Heinze

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* 2 *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Canmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 191 S. Wolfe St

Cause of Death,
First (Primary),
Second (Immediate). Dropsy & Heart Paralysis

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Lt Germantown Cemetery

Date of Burial, Dec. 27th

Undertaker Wm. Riordan

Place of Business, 238 Aliceanna

A. V. Gorsuch M. D.
Medical Attendant.

Address, 76 S Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80403 *Office of Registrar of Vital Statistics.* Ward 17 4 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1884

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Jones

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 49 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give Street and Number.} 48 Hett St.

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet.

Date of Burial, December 28

Undertaker, B. Healy

Place of Business, 62 West St

Robert S. Rowe M. D.
Medical Attendant.

Address, 393 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herkeke Eifert

Sex, ~~Male or~~ *Female,* {Cross out the word not required for this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 85 Hamer ste.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,)}

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Dec 27th 1884

C. Boetcher M. D.
119 Hanover St. Medical Attendant.

{*Undertaker,* Diterich Wiegand
Place of Business, 166 Druid Hill Ave} *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 80405 *Office of Registrar of Vital Statistics.* **Ward** 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 26. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Tobin

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 82 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and Number.} 347 Penna. Ave.

Cause of Death, First (Primary), Old Age

Second (Immediate) General debility

Duration of Last Sickness, in bed 3 months

the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec 27th/84 J. H. Christian *M. D.*

Medical Attendant.

Undertaker E. Monaghan

Place of Business, 298 Penna Ave *Address* 506 Mad. Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80406 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Goldsborough

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months.* *Days*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 190 Chesnut alley

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Gangrene of Cheek

Duration of Last Sickness, about Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 28 1884

Undertaker, Alf Hendley

Place of Business,

Jas. E. Gibbons M. D.
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80407 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 27 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 26 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter S. Mead

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* 29 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 50 Peach Pl

Cause of death, First, (Primary,) Acute Laryngitis

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Dec, 27/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 1 Waverly Terr

G. W. Gotti *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. "*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80408 *Office of Registrar of Vital Statistics.* Ward 5 - 17 - 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th 1904

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Kirkpatrick Sister Mary Louise

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 3 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, School Sister de Notre Dame

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 3 Yrs

Place of Death, {Give Street and Number.} Convent de Notre Dame Frederick

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery

Date of Burial, 28th December

Undertaker, A. Fink

Place of Business, 461 W Pratt

John F. Lemmon M. D.
Medical Attendant.

Address, 22 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80409 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Coleman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 65 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 23 Years about

Place of Death, {Give Street and Number.} 1 N. Ca[illegible] of Read & Albemarle

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, about 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 28 1884

Geo. B. Rayner M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Front *Address,* 171 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Board of Health, City of Baltimore,

12

Permit No. 80440 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH BUREAU DEC 27 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Bernard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... Years, 9 Months, 14 Days.

Color, Colored Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 75 Union St between Pratt & Lombard

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Dyspnoea

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, W-Pub Cemetery

Date of Burial, Dec 27th/84

{Undertaker, J. A. Kirchner

{Place of Business, —

J. W. Glocker M. D.
Medical Attendant.

Address No 94 Division

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health Department, City of Baltimore.

Permit No. 80411 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza A Schwartz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 6 *Months.* 25 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 291 Columbia Ave

Cause of Death, First (Primary), Destitution

Second (Immediate), Convulsion,

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Dec 27th 1884

Undertaker, A. Hamill

Place of Business, 204 Columbia

Jno D Blair M. D.
Medical Attendant.

Address, 158 Pacific

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 80412 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Bonney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 253 N Eutaw

Cause of Death, First (Primary), Eclampsia

Second (Immediate), Septicaemia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, Dec 27th 1884

Undertaker Henry W. Mears

Place of Business, #45 N. Gay St. *Address,* 57 Warren

H. W. Webster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 80413 *Office of Registrar of Vital Statistics.* Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 27 1884

CERTIFICATE OF DEATH.

Date of Death, December 25 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Siebert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58. *Years,* 2 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married.

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hanover, Germany.

Duration of Residence in the City of Baltimore, 33 years.

Place of Death, {Give street and Number.} 225 S. Bethel (cor. Alice Anna St.)

Cause of Death, First, (Primary,) Chronic Rheumatism - Bright's Disease of Kid-

Second, (Immediate,)

Duration of Last Sickness, 6 weeks

All the above Information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, Dec 27 "1884 A. V. Gosweiler, M. D.,

Undertaker, Geo. Rinehart Medical Attendant.

Place of Business, Forest St. *Address,* 96 S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 8047 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Miller George L. and Laura Miller

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months.* One Hour *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 6 S Pulton St.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 6 S Fulton

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Dec 27th 1884

Undertaker, Jos. R. Cook

Place of Business, No 707 W Baltimore

... M. D.
Medical Attendant.

Address, 506 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80415

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry H. Fry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 3 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 81. N. Broadway.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 81. N. Broadway.

Cause of Death, First, (Primary.) Ulcerated Sore Throat

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Int Cannel

Date of Burial, Dec 27 84

Undertaker, Fry & Son

Place of Business, 51 N Broadway

Geo. W. Barkman M.D.,
Medical Attendant.

Address, 380 E. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Rule 11 of Diseases etc. Dec

Health Department, City of Baltimore.

Permit No. 80416 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1 Dec 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Terry

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* ~~*Months,*~~ *Days*

Color, White

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give Street and Number.} 490 Lexington St

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 1 Dec 27th 1884

Undertaker, H Lew Schafer

Place of Business,

Thos A Shaw M. D.

~~*Medical Attendant.*~~

Address, Camp & Pt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Walter C Roberts Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 80417 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eustace Fisher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Watchman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give Street and Number.} No 238 Conway

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery.

Date of Burial, Dec 27th

Undertaker, H. N. Troll

Place of Business, #131 Hanover. *Address,* 151 Hanover St

J. L. C. Burch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Elizabeth Hagenfritz

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 74 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dearborn Co Ind,

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, {Give street and number.} 96 W. Lexington (1st floor)

Cause of Death, First (Primary,) General Debility & old age -

Second (Immediate,) Bronchitis

Duration of Last Sickness, two (2) days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem,

Date of Burial, Dec 28/84

Undertaker, H. W. Kaiser

Place of Business, 711 W Fayette

C. L. Clarke M.D.
Medical Attendant.

Address, 237 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80419 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanni Hawkins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days*

Color, ed

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} W

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 58½ St Mary Street

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 27/84

Undertaker, Wm Bishop

Place of Business, Druid Hill Ave *Address,* Entry Good

James A Allen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

George E Brown
Sanitary Inspector

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 80420 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucinda & Jeremiah Penn (Parents)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... / *Months.* 3 *Days*

Color, C & .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 41 1/2 S Caroline St

Cause of Death, First (Primary), /

Second (Immediate), Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 27" 1884 James H Chew M. D.

Undertaker, Thos J Locke ~~Medical Attendant.~~

Place of Business, 43 Jefferson St *Address,* Canton P.O.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Inspectors

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, dec. 26 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Mills

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 25 (?) *Years,* ..... *Months,* ..... *Days.*

Color, mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} md.

Occupation, General Housework

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co, Md.

Duration of Residence in the City of Baltimore, Many Years

Place of Death, {Give street and number} 77 Hargrove alley

Cause of Death First, (Primary,) Diabetes Mellitus

Second, (Immediate,) Acetonâemia

Duration of last Sickness, Abt 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 28th 1884

Undertaker, Jas H. Chase

Place of Business, 195 S. Howard St.

Eugene F. Cordell M. D.
Medical Attendant.

Address, 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 80422

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1884

CERTIFICATE OF DEATH.

Date of Death, December 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar M. Lazarus

Sex, Male or Female, {cross out the word not required in this line.}

Age, 46 *Years,* 8 *Months,* 26 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Charleston S C.

Duration of Residence in the City of Baltimore, 17 Years.

Place of Death, {Give street and number} 331 ~~St Paul St~~ Park Ave

Cause of Death, First, (Primary,) Chronic Hepatitis & Intestinal Dyspepsia

Second, (Immediate,) Cerebral Hemorrhage.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ohel Shalom 4th

Date of Burial, Dec 29th 84

Hart P. Smith M. D.
Medical Attendant.

Undertaker, Keyser & Sons

Place of Business, Park & Saratoga

Address, 45 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 80423 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1884 12

CERTIFICATE OF DEATH.

Date of Death, Dec. 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Redmond

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Kept in the Market

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 42 yrs

Place of Death, {Give street and Number.} 16 Valley st.

Cause of Death, First (Primary), Age & Infirmity

Second (Immediate), Effects of Exposure

6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mrs Cathedral

Date of Burial, 29 dec. 1884

Undertaker H. C. Niedfeldt

Place of Business, 20 Fremont *Address,*

Chas Frank Bunk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 80424 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Daniel Gramm

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* 3 *Months,* 27 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 60 years

Place of Death, {Give street and Number.} 329 N Eutaw St

Cause of Death, First, (Primary,) Senile decay

Second, (Immediate,) Gradual failure - brain

Duration of Last Sickness, 3 or 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, December 29th 1884

E Winslow M. D.,
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 29 N Gullolch

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 80425. *Office of Registrar of Vital Statistics.* Ward 8 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 26 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalena Nehr

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Nurtemburg Germany

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and Number.} No 321 E. Baltimore St

Cause of Death, First (Primary), Phthisis pulm.

Second (Immediate), Marasmus

Duration of Last Sickness, About 4 Months

All the above information should be furnished by the Physician.

Place of Burial Mt. Carmel Cem

Date of Burial, Dec. 28. 1884 L. Oehlschlaetz *M. D.*

Medical Attendant.

Undertaker Haunder & Son

Place of Business, 202 Eastern Ave *Address,* 12 S Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 80426 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Jacobson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 426 E Pratt St

Cause of Death, First (Primary), ...

Second (Immediate) Diphtheria

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec. 28. 1884

Undertaker, H. Sander Son

Place of Business, 452 Canton Ave *Address,* .....

H. A. Wells M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80427 *Office of Registrar of Vital Statistics.* Ward 5 —

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 27 — 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Francis Louis Bauers —

Sex, Male [redacted] *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* 9 *Days,*

Color, white —

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balti —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 63 Short St

Cause of Death, First, (Primary,) Diphtheria

[redacted] Second, (Immediate,) Septicaemia

Duration of Last Sickness, 8 days c

All the above information should be furnished by the Physician.

Place of Burial, Baltimore (Loan)

Date of Burial, Dec 29 th 1884

Undertaker, Adam Funk

Place of Business, 461 N. Gay

Jno Miller M. D., Medical Attendant.

Address, 179 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 80428 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Nathaniel Hall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 11 *Months,* 23 *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cornett Player

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 37 Druid Hill Ave

Cause of Death, First (Primary), Phthisis Pulm.

Second (Immediate), Typhoid condition after a cold

Duration of Last Sickness, About 3 weeks — Phthisis much longer

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cemetery

Date of Burial, Dec 28th 1884

Undertaker, Wm. A. Duncan

Place of Business, 1612 East St

Elias C. Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, 44

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levin McLaughlin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, fifty years

Place of Death, {Give street and number.} 14 Douglas St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Heart failure Exhaustion}

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 28th 1884

Undertaker, Wm H. Lingan

Place of Business, [illegible]

Samuel J Birch M. D.
Medical Attendant.

Address 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80430 *Office of Registrar of Vital Statistics.* Ward 6 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, December 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence C. Hopkins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months.* 2 *Days*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 146 N Edwin —

Cause of Death, First (Primary), Peritonitis

Second (Immediate), Acute Pneumonia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 28th 1884

Undertaker, Wm A Dunger

Place of Business, No 62 East St

Wm L. Rund M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80431 *Office of Registrar of Vital Statistics.* Ward 12 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Proctor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* 5 *Months,* 23 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} United States Md

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 292 Hoffman St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 28th 1894

Undertaker, W. A. Bishop & Co

Place of Business, 97 Druid Hill Ave

Jas A. Gillies M. D.,
Medical Attendant.

Address, 180 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited.

Health Department, City of Baltimore.

Permit No. 80432 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12/27/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Pinkney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 11 ..... *Months,* ..... 7 ..... *Days*

Color, 11

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 14 Greenwood Ave.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Dec 29 - 84

Undertaker, Wm J. Gray

Place of Business, 65 Mulberry St *Address,* Franklin & Greene

Geo. A. Fleming M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 80433 — *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hezekiah Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 82 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country and now long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} 114 St Marys St

Cause of Death, First, (Primary,) Influenza Bronchitis

Second, (Immediate,) old age

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial Montgomery Co Md

Date of Burial. Dec 28 1884

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St.

Jas A Gibbons M. D., Medical Attendant.

Address, 180 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3527 Frank

Health Department, City of Baltimore.

Permit No. 80434 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joseph Hanlin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 7 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 308 Fort Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross.

Date of Burial, December 29

Undertaker, D Hale.

Place of Business, Fort Ave

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special attention of Physicians ...

Health Department, City of Baltimore.

Permit No. 80435 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kuhle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months.* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give Street and Number.} 650 Light St.

Cause of Death,
First (Primary),
Second (Immediate), Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Forest home

Date of Burial, Dec the 29

Undertaker, B Abare

Place of Business, 1102 Mst

Robert S. Rowe M. D.
Medical Attendant.

Address, 333 Light St.

Extract from Regulations of the Board of Health to secure a full and oorrect record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is respectfully invited to the Reverse Side of this Certificate.

Health Department, City of Baltimore.

Permit No. 80436 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Downey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 96 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Home Aged Methodist Ex Franklin & Fremont Ave

Cause of Death, First (Primary), Organic Heart Disease

Second (Immediate), General Debility

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 29th 1884

Undertaker, John S. Roache

Place of Business, No 150 Camden

J K Duff M. D.
Medical Attendant.

Address, 2 East Hamilton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 80437 *Office of Registrar of Vital Statistics.* Ward 17½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edwin Agnes Kuhn

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 25 *Years,* 8 *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 420 E Madison St

Cause of Death, First (Primary),

Second (Immediate), Brights Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 29 1884

A Gregg Sherkow M. D.
Medical Attendant.

Undertaker John W Jackson

Place of Business, Gay & Caroline *Address,* 888 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 80438. *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 28 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillian Elizabeth Bender

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 7 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 45 Union St

Cause of Death, First (Primary), ...

Second (Immediate), Sudden death - Cause unknown

Duration of Last Sickness, None

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Dec 29. 30

Undertaker Walter Immel

Place of Business, 315 W. Biddle

R Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 80439 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 27, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Dohl

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 33 Biddle alley Cy Life

Duration of Residence in the City of Baltimore, 33 Biddle alley.

Place of Death, {Give street and number.}

Cause of death, First, (Primary,)

Second, (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 29

Undertaker, Walter Lynne

Place of Business, 315 W. Bedded

C. Edw. Janney M. D.,
Medical Attendant.

Address, 242 N Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80440 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 27 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie H. Bratcher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bath.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 286 Johnson Ave

Cause of Death, First (Primary),

Second (Immediate), Chorea

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Co.

Date of Burial, Dec 30

Undertaker, B. Hale

Place of Business, 82 Wash St

Theodore Cox M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 80441 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma A Wilson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 10 Pilcher St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Menb Cirb

Duration of Last Sickness, 4 days –

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 28

Undertaker, Joseph B Cook

Place of Business, 707 W Baltimore

Geo A Capt M. D.,
Medical Attendant.

Address, 1 Wamby Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80442 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 28 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Dittmeier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... 1 *Months,* ... 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 10 Biddle Alley

Cause of Death, First (Primary), Eclampsia

Second (Immediate), Convulsions

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Loudenmis Cem

Date of Burial, Dec 29 1882

Undertaker, A Rosenberger

Place of Business, 70 Pennsylvania Ave

W. Rickert M. D.
Medical Attendant.

Address, 515 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 80443 *Office of Registrar of Vital Statistics.* Ward 13½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 27th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lina Aronsohn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 976 W Fayette St

Cause of death, First, (Primary,) Para Metritis Puerperalis

Second, (Immediate,)

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cem. Belair Road

Date of Burial, Dec 29th 1884

Undertaker, Wm Weaver

Place of Business, 302 Eutaw St

A. Aronsohn M. D.,
Medical Attendant.

Address, 976 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

Permit No. 80444 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 29 1904

Date of Death, Dec 28 1904

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 72 *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 141 Bank St

Cause of Death, First, (Primary,) Paralysis Heart Disease

Second, (Immediate,) ...

Duration of Last Sickness, 4 days (Confined)

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 30th 04

Undertaker, Reed Jenkins

Place of Business, Park & Sons *Address,* ...

... *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the Regulations on this subject.

Board of Health, City of Baltimore,

Permit No. 80455

Office of Registrar of Vital Statistics. 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Lee Kerr

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 46 *Years,* 11 *Months,* 4 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Easton Talbot Co Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 165 Lanvale Bet Howard & Eutaw

Cause of Death, First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness, abt 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Westminster Ch

Date of Burial, Dec 29th 84

Undertaker, [redacted]

Place of Business, Park & Lanvale Sts

A. M. Keener M.D.,
Medical Attendant.

Address, 148 N Chas

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80446 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 26/84-

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James A. Harris-

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 63- *Years,* — *Months,* ..... *Days,*

Color, "Colored"

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married-

Occupation Brickmaker.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md-

Duration of Residence in the City of Baltimore, Life residence

Place of Death, { Give street and Number. } 76 St. Mary St.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Hemorrhage of the Lungs-

Duration of Last Sickness, Two Years-

the above information should be furnished by the Physician.

Place of Burial Shanfat Cemetery

Date of Burial, Dec 29 1884

Undertaker Alf Kennally

Place of Business, ...

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 18

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lidie Isabella McCauley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, Five Months, Twenty Seven Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Maryland

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No 388 Collins Street

Cause of Death, {First (Primary,) Rubeola measles

Second (Immediate,) Congestion, & Convulsions.

Duration of Last Sickness, About five days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 29th 1884

Ridgely Hammond M. D.
Medical Attendant.

{Undertaker, F. Lewis Schaefer

Place of Business, 709 N Fremont} Address Cor. Calhoun & Hollins Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, (3

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Cooper

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 65 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~~Housekeeper~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number} 40 Hanover st

Cause of Death {First, (Primary,) Apoplexy

Second, (Immediate,) Congestion Brain

Duration of last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 29/84

Undertaker, Fry & Bro

Place of Business, 81 N Howard

Wm N. Hill M. D.
Medical Attendant.

Address, 196 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible] of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80449 *Office of Registrar of Vital Statistics.* Ward 6 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 29 [illegible]

Date of Death, December 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Funk.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* 4 *Months.* — *Days*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 213 Orleans St.

Cause of Death, First (Primary), Phthisis Pulmonaris

Second (Immediate),

Duration of Last Sickness, Nine (9) Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 30th 1884

Undertaker, John Henry.

Place of Business, 382 Orleans St *Address,* 106 N. Central Ave

Francis A. Sauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 80450 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, December 26. 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } David J. Williamson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 8 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 96 Eastern Av.

Cause of Death, First (Primary), Croup

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bath cemetery

Date of Burial, Dec 30th 1884

Undertaker James P Byrne

Place of Business, No 62 Saint [illegible]

J. W. Hosick M. D.
Medical Attendant.

Address, 75 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80451 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 29 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Farmer Rec

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 8 *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 995 E. Baltimore

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, December 29 1884

Undertaker, John Faulks

Place of Business, 66 Frederick Ave

H. L. Dieu M. D.
Medical Attendant.

Address, 387 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rules [illegible]

Health Department, City of Baltimore.

Permit No. 80452 — *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James F. Giles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 41 Stockholm St

Cause of Death, First (Primary), Scald by Accident

Second (Immediate),

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 29/84

Undertaker, H Reed

Place of Business, [illegible]

Dr J Bell M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 80453 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgianna Jones

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 28 Peach Alley

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn

Date of Burial, Dec 29 1884

Undertaker, H Rees

Place of Business, Fairmount Ave

[illegible] M. D.
Medical Attendant.

Address, 161 S Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Reverse of this Certificate.

Health Department, City of Baltimore.

Permit No. 80452 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gabella Johns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give Street and Number.} 241 S. Howard St.

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Chapel of Cem.

Date of Burial, Dec 30th 1884

Undertaker, H Dent

Place of Business, [illegible]

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

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he Special Attention of Physicians is respectfully invited to the

Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 29 1884

Date of Death, December 28 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Buckhannan Elliott

Sex, Male ~~or Female~~, {cross out the word not required in this line.} male

Age, 36 *Years,* 4 *Months,* 15 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} married

Occupation, Paper Hanger

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 269 Mount St

Cause of Death, First, (Primary,) Typhoid Malarial Fever

Second, (Immediate,) " " "

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Park

Date of Burial, Dec 30th 1884 G. Hemmeter M. D.

Medical Attendant.

Undertaker, J. H. Myers & Co

Place of Business, Address, 62 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80456 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th Dec 1904

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Maggie Lewes

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 10 *Months,* 17 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 289 E. Lombard St.

Cause of Death, First (Primary), Peritonitis

Second (Immediate). Exhaustion

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Dec 31

C. E. Lewis *M. D.*
Medical Attendant.

Undertaker [illegible]

Place of Business, 253 Lombard

Address, 371 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80457 *Office of Registrar of Vital Statistics.* Ward 10 4/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catherine Mullen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months.* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 41 Pine -

Cause of Death, First (Primary), Softening of the Brain

Second (Immediate), & Dysentery

Duration of Last Sickness, 4 or 5 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Dec. 30th/84

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St *Address,* 283 W. Lombard

Edw F. Michael M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80458 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED DEC 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Sutton

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 80 *Years,* ..... *Months,* ..... 19 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widower

Occupation, Agriculturist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} 173 Jefferson st

Cause of Death, First (Primary), old age

Second (Immediate), Bronchial catarrh

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Stl Harvey co

Date of Burial, Dec 30

Undertaker, H Blakeney

Place of Business, 253 E Lombard st

P. G. Dausch M. D.
Medical Attendant.

Address, 325 E Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3528 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80459

Office of Registrar of Vital Statistics. 19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Heaney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 81 84 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 67 years

Place of Death, {Give street and number.} 121 Bruce St.

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.) Coma

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea

Date of Burial, Dec 30th

Undertaker, John J Coman

Place of Business, 57 Holins

Mabury Brewer M.D.,
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 80460 *Office of Registrar of Vital Statistics.* Ward 8nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 28 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Wm Crawford

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 33 *Years,* —— *Months,* —— *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.} W

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, On Year

Place of Death, {Give street and Number.} Church Home Infirmary Madison Ave

Cause of Death. First (Primary). Phthisis Pulmonalis

Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Port Covington

Date of Burial, 30 Dec 1884

Undertaker Whitehead

Place of Business, 408 W Baltimore

H. O. Gann M. D.
Medical Attendant.

Address, Church Home Infirmary

H. O. Gann

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80461 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Holman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 9 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Baltimore M'c

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 114 Raddatz

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate),

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Forest Home Cemetery

Date of Burial, December 30/84

Undertaker, M. Doyle

Place of Business, 200 S. Charles St.

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 80462 *Office of Registrar of Vital Statistics.* Ward 14 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 27 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Absalom~~ ~~Walton~~ Christian Jordan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months.* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 2 years

Place of Death, {Give Street and Number.} ~~Dec 27 84~~ 26 Jordan Alley

Cause of Death, First (Primary), Suddenly with

Second (Immediate), Convulsions

Duration of Last Sickness, About ten minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 30 / 884

Undertaker, W W Madden

Place of Business, 46 Eastern Av

W. H. Jones M. D.

Coroner ~~Medical Attendant.~~

Address, 326 Hillen

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 80463

Office of Registrar of Vital Statistics, 4th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 28 — "84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Harris, Jr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} No. 12 Laurel Street.

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness, Few minutes

All the above information should be furnished by the Physician.

Place of Burial, Stray St Cem

Date of Burial, Dec. 29 - 1884 -

Undertaker, W W Madden

Place of Business, 46 East Pratt

Alex. Hill, M.D.,
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80464 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 28. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Malcolm Norris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, one *Years,* —— *Months.* 7 *Days*

Color, ev

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 339 W. Hoffman St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Bien

Date of Burial, Dec 29 1884

Undertaker, W W madden

Place of Business, 46 East St

B. B. Browne M. D.
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80465 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 28/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Harry Cornelius.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months.* ——— *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 29/84

Undertaker, Victor Neadles

Place of Business, Division & Fremont

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80466 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec- 29/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelaide.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 14 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), Cancer- Indigestion

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Catholic

Date of Burial, Dec. 29/84.

Undertaker, Victor Neadles

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem ad. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C 19

Permit No. 80467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEC 29 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Sarah Ann Burnett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty-eight *Years,* — *Months,* 1 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 260 N. Mount St

Cause of Death, First (Primary,) Typho-Bronchial Catarrh

Second (Immediate,) Asphyxia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery E. H. Halbert M. D.

Medical Attendant.

Date of Burial, Dec 30th 1884

Undertaker, John Slacum # *Address* 185 N. Carey St.

Place of Business, No 150 Camden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80468. *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12.27.84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeline S. S. Kirk

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days,*

Color W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and Number.} 188 S. Howard St

Cause of Death, First (Primary). Bright's Disease

Second (Immediate).

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem. Chill E. Eastman

Date of Burial, Dec 29 1884 *M. D.*

Undertaker S. W. Chase Medical Attendant.

Place of Business, 198 Howard St *Address,* Highland

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special ... ysicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 80469 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, abt 25 *Years,* ... *Months.* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Suffolk — Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} B & O R.R. and Ridgely St Crossing

Cause of Death, First (Primary), Accidentally Struck by a train of Cars

Second (Immediate), result of injuries received

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 29 1884

Undertaker, John L Roche

Place of Business, No 161 Conden

... M. D.
Medical Attendant.

Coroner

Address, 161 S Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 80470 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 28 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hariet A. Stansbury

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 384 East Baltimore St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mount~~ Loudon Park Cemetery

Date of Burial, Decem 30th 1884

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* Broadway & Fayette

Isidor Benzinger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80471 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ebbert

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 39 years.

Place of Death, {Give Street and Number.} 113 Henrietta St.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Tuberculosis.

Duration of Last Sickness, About 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Dec 31st

Undertaker, Henry Brill

Place of Business, Henrietta St 81

R. J. N. Tull M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention t... is respectfully ...

Board of Health, City of Baltimore,

Permit No 8042 *Office of Registrar of Vital Statistics.* Ward 20 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

DEC 30 1884 BALTIMORE MD

Date of Death, Decr. 27, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Bonde keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} 223 Lanvale

Cause of Death, First. (Primary,) Debility of Heart - M. Valvular disease

Second. (Immediate,) Exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 30

Undertaker, G R Blizzard

Place of Business, 201 Penn ave

P. Carey Thrush M. D.,
Medical Attendant.

Address, 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80473 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 30th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abigail Ruth Holmes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 19 *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 676 Lombard St.

Cause of Death, First (Primary), Convulsions —

Second (Immediate), ———

Duration of Last Sickness, 2 Days —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 31/84

Undertaker, Geo Schelling

Place of Business, Argyle & Monument Sts

D. E. Linthicum M. D.
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80474 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 30 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 29, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex. Banning.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——————

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give Street and Number.} 219 Bolton St

Cause of Death, First (Primary), General failing of the Physical & Mental powers,

Second (Immediate), much obstinate constipation

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 30th 1884

Undertaker, J Enny & Matthew

Place of Business, 530 W Fayette st

J. G. Lemmon M. D.
Medical Attendant.

Address, 584 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80475 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Green

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 284 Howard St.

Cause of Death, First (Primary), Alcohol

Second (Immediate), Acute cerebral Meningitis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 31 1884

Undertaker, Geo. R. Ellis

Place of Business, 221 Hunter

C. M. Hall M. D.
Medical Attendant.

Address, 262 Stark st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80476 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 20 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 20, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Koontz

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months.* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 78 Payson St

Cause of Death, First (Primary), Don't Know, did not have Child

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bissmeissmann Cem Franklin road Baltimore Co.

Date of Burial, December 21 1884

Undertaker, John P. Parlett

Place of Business, 66 Fred. Ave.

James Boeley M. D.
Medical Attendant.

Address, 319 Hollins ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Sheet.

Board of Health, City of Baltimore,

Permit No. 80477

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th December 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rena Burgunder

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 186 McCulloh St.

Cause of Death, First, (Primary,) (Teething)

Second, (Immediate,) Meningitis

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, Dec 31st

Undertaker, Hughes Skinner Co

Place of Business, 60 E Balto St

H. W. Owings M. D.
Medical Attendant.

Address, 364 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80478 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE MD DEC 30 1884

Date of Death, Dec 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Ann Woodward

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~ *Widow* ~~or~~ ~~Widower~~, {Cross out the word not required in this line.}

Occupation House wife.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and Number.} 19 Georges St.

Cause of Death, First (Primary), old age

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec 31st 1884

Undertaker Wm Weaver

Place of Business, 202 N. Eutaw St. *Address,* 188 Franklin

J. H. Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80479 *Office of Registrar of Vital Statistics.* Ward 2 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. DEC 30 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 29/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Mauler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 yrs

Place of Death, {Give Street and Number.} 189 East av.

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec. 31. 1884

Undertaker, H. Sanders & Son

Place of Business, 252 Eastern Address, 50 & Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80480 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F. Roether Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} No 34 E Fayette St

Cause of Death, First (Primary), Convulsions

Second (Immediate), 2 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Jan 1st 85

Undertaker, John C. Schuh

Place of Business, 26 Aliceanna *Address,* 218 Bank Lane

D. E. Kelly *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 80,481

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 29, 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel B. Hopkins.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48. *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 5 Years,

Place of Death, {Give street and number.} 57 Saratoga St

Cause of Death, First, (Primary.) Peripneumonia,

Second, (Immediate.) Pentonitis.

Duration of Last Sickness, 12 months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Dec. 31-1884

Undertaker, Wm H Hickman

Place of Business, 2341 Gay St

F. A. Thombus M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Ward 17th

Permit No. 20,482 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Linford W. Foster

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 3 *Months.* 24 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, 3 mo. & 24 dys

Place of Death, {Give Street and Number.} 166 West St

Cause of Death, First (Primary), Inanition

Second (Immediate), Sanitum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 30 1884

Undertaker, H. Ross

Place of Business, 95 Conway st

R. C. Lee M. D.
Medical Attendant.

Address, Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80483 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. F. Bamberger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Seven *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} S. East Cor. E. Madison & Caroline

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Dec 31st 84

Undertaker, W. H. Hickman

Place of Business, Gay St. Near Watt

Wm H. Clendinen, M. D.
Medical Attendant.

Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80484 *Office of Registrar of Vital Statistics.* Ward 4th 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ann Cummings

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 2 *Years,* *Months,* *Days*

Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 45 East 21

Cause of Death, First (Primary), Epilepsia

Second (Immediate), Pneumonia

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ev. Cemetery

Date of Burial, Dec 30th 1884

Undertaker, Wm. N. Dorsey

Place of Business, No 62 East 21st

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permits for Burial, to ...

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80485 *Office of Registrar of Vital Statistics.* Ward 17th 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Sowden Mayer

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 16 Burroughs st

Cause of Death, First (Primary), Congestion Brain

Second (Immediate), Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, ~~Dec~~ 31 December

Undertaker, B Hanlo.

Place of Business, 118 A 94 82

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80486 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno H Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 134 Johnson

Cause of Death. First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, 2 wks

the above information should be furnished by the Physician.

Place of Burial, Ebt Memorial

Date of Burial, December 31

Undertaker B Hoerle.

Place of Business, West St 82.

Wm H Smith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80487 *Office of Registrar of Vital Statistics.* Ward 13 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 30 1884

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Elizabeth Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 10 *Months,* 21 *Days*

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 94 Parkin St

Cause of Death, First (Primary), Meningitis

Second (Immediate), ——

Duration of Last Sickness, Four weeks (2 days it 15 hours before death)

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 31 18

Undertaker, S Evans

Place of Business, 31 [illegible] Ave

Jas E Gibbons M. D.
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80488 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 29th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Pfeiffer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty-three *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Sixty three years

Place of Death, {Give street and Number.} 297 Hanover St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Apnoea

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 31st 1884

Undertaker E. C. Shaefer

Place of Business, 122 Main St. *Address,* 47 Conway St.

Dr Lancy H Barclay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80489 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. DEC 30 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 27 - 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stewart
Stewart

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days*

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} Mun Hosp

Cause of Death, First (Primary), Scrofula

Second (Immediate), Tuberculosis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Meth Prot Cemetery

Date of Burial, Dec 30/1884

Undertaker, P A Kershaw

Place of Business, 129 Arlington Ave

J R Trimble M. D.
Medical Attendant.

Address, 217 N Paca

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80490 *Office of Registrar of Vital Statistics.* Ward 19 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 30/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Rosser

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male Asbury Rosser Father

Age, — *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 79 Winchester Street

Cause of Death, First (Primary),

Second (Immediate), Premature

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 31 84

Undertaker, Walter Immel

Place of Business, Biddle St

James A Steuart M. D.

Address, Camp 6 & Ro.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Geo E Brown Sanitary Inspector

[OVER.]

Permits for F

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80491 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 30 Décembre

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Healey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} County Roscrpine Orlande

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Institution of the Little

Cause of Death, First (Primary), Paralysis

Second (Immediate), Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dec 31/84

Date of Burial, Holy Cross Cimetery

Undertaker H. Bloodcamp

Place of Business,

Dr Burke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80492 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30 Décembre

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amélia Berry

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, black

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore United States

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Institution of the Little Sisters of the Poo

Cause of Death, First (Primary), Heart Trouble & age

Second (Immediate),

5 or 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 31/97

Undertaker Mr Bloodcamp

Place of Business,

Jno Burke Boyle M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 8 0 1 4 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81493 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 30/84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas E. Vahle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* 22 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 435 Cov & Ft.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Blood poisoning

Duration of Last Sickness, 17 days.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 31st

Undertaker D. N. Troll

Place of Business, 131 Hanover St *Address,* 281 W. Charles St.

Jno. T. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 804914 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Hickey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 105 Ridgely St

Cause of Death, First (Primary), ——

Second (Immediate), Cyanosis

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec 31/84

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

Jno D Blake M. D.
Medical Attendant.

Address, 108 S Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries [illegible]

No. 8049 a

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80495 *Office of Registrar of Vital Statistics.* Ward 8 4 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED [illegible] BALTIMORE

68

CERTIFICATE OF DEATH.

Date of Death, December 30, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pearl Rebecca Soleman.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* Nine *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No. 524 Hanford avenue

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Laryngitis, (Croup)

Duration of Last Sickness, Two days.

the above information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, January 1st 1885

Undertaker Henry Hock

Place of Business, 307 N Eutaw St *Address,* 539 Hanford ave

Reg. R. Elwell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec – 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Frey

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 64 *Years,* 2 *Months,* 11 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and number.} No - 50, S. Castle st, (1st Ford)

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhoid Fever.

Duration of Last Sickness, Ten – (10) days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Jan 2nd '85

{*Undertaker,* G. Franz / *Place of Business,* Franz & Wolfe}

A. P. Clarke. M.D.
Medical Attendant.

Address, 237 Gough st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore, (3

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
DEC 31 1884
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 30 9 Oclock P.M. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Baynard

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* Eleven *Months,* ..... *Days.*

Color, Dark Copper Africa

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 139 S. Durham St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 139 S. Durham St.

Cause of Death First, (Primary.) Croup (Pseudo-Membranous)

Second, (Immediate,) Suffocation

Duration of last Sickness, About a Week

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cem.

Date of Burial, Jan 1st 85

Undertaker, G. T. Francis

Place of Business, Bank & Wolfe Sts *Address,* 169 Bank St

A. J. Foard *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80498 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~Feb~~ ~~Flaherty~~ Dec 30-84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Flaherty

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give Street and Number.} No 11 Cooper St

Cause of Death, First (Primary), Epithelioma of Tongue

Second (Immediate), Marasmus from disease

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 31st

Undertaker, John D Paulus

Place of Business, 66 Frederick Av *Address,* Winthrop

H R Rimbold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80499 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 29 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kriegelstein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 9 *Months.* *Days*

Color, White

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} 169 S. Collington Ave

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Dec 31st 84

Undertaker, G. Frank

Place of Business, Bauer & Wolf *Address,* 248 E. Baltimore St

J. Hatter, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries ... City
Permit ... and Sexton of ... No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8050 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Oldman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* ... *Months.* ... *Days*

Color, White

~~Married, Single,~~ Widow or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 115 Lancaster St.

Cause of Death, First (Primary), Typhoid-Pneumonia

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan 1st 85

Undertaker, G. Franz

Place of Business, Franz & Wolfe

John H. Kehlberger M. D.
Medical Attendant.

Address, 143 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Missing

80561 – 80521

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 80522 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday Dec 30th 84.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} William Matthews

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 10 *Days.*

Color, White

~~Married.~~ Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 43 Marion St -

Cause of Death. First (Primary), Non development of Heart

Second (Immediate), Convulsions -

Duration of Last Sickness, Life Time

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 1 / 85

Undertaker A. Rauberger

Place of Business, 70 Hanover

E. E. Linthicum M. D.
Medical Attendant.

Address, 51 W. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 80523 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 31 1884 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliza Green

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, One *Years* + 8 *Months,* 0 *Days*

Color, Dark brown

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, {Give Street and Number.} No 130 Harmony Lane

Cause of Death, First (Primary), Unknown

Second (Immediate), Marasmus

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, Dec 31 1884

Undertaker, William N Bunge

Place of Business, 62 East St

Benj F Cohen M. D.
Medical Attendant.

Address, Cor Druid Hill & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setti far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person dec the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80524 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Gibbons

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 62 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow ~~*or Widower*~~, {Cross out the word not required in this line.} Widow

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 years.

Place of Death, {Give street and Number.} 78 N. Amity

Cause of Death. First (Primary), Tuberculosis (lungs & bowels

Second (Immediate), 4

Duration of Last Sickness, six months

the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Jan. 1, 1885

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 179 N. Howard

Thomas Pie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Health Department, City of Baltimore.

Permit No. 80525 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. H Brooks.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months.* *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 27 Harmony Lane

Cause of Death, First (Primary), Meningitis tuberculor

Second (Immediate),

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Wrelem Cemet

Date of Burial, Dec 23d 1885

Undertaker, L. Haus

Place of Business, 317 Mulberry St *Address,*

Geo L Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

(10)

Permit No. 80326 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 31st 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. A. Scanlon Michael

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 2 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Liquor dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give Street and Number.} 28 N. Paca st

Cause of Death, First (Primary), Died suddenly with

Second (Immediate), Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross.

Date of Burial, Jan. 3rd/85

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St *Address,* 326 Hullin st. city.

Wm A. James M. D.
~~Medical Attendant.~~
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 80527 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 31

CERTIFICATE OF DEATH.

Date of Death, Dec 30 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henriette Rosenfeld

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and Number.} 90 E Baltimore Street

Cause of Death, First (Primary), Heart disease

Second (Immediate), Paralysis of the Heart

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, W H B Cem

Date of Burial, Jan 1st 1885

Undertaker Wm Elam

Place of Business, 101 Gough St

A Friedenwald M. D.
Medical Attendant.

Address, 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 10528 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 30, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Cadell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* ... *Months.* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 824 N Eden Ave

Cause of Death, First (Primary), ...

Second (Immediate), Senile

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cemetery

Date of Burial, Jan 1st 1885

Undertaker, Duff & Son

Place of Business, 511 N Broadway

... M. D.
Medical Attendant.

Address, 824 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80529 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mark Prout

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, About 38 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} A Fed Md

Duration of Residence in the City of Baltimore. Unknown

Place of Death, {Give Street and Number.} University Hospital,

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, January 1st 1885

Undertaker, John S Thacher

Place of Business, No 150 Eastern Av

West M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ... required.

Health Department, City of Baltimore.

Permit No. 9430 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Watkins

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charleston S. C.

Duration of Residence in the City of Baltimore about 17 Years

Place of Death, {Give Street and Number.} 119 N. Schroeder St

Cause of Death, First (Primary),

Second (Immediate), Cancer of Womb

Duration of Last Sickness, about Six Months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Jan 1st 1885

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw *Address,* 582 N Fayette

W. R. McKim M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80531

Office of Registrar of Vital Statistics.

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 31 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Yorkland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 7 *Months,* ..... *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 83 N. Durham St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem—

Date of Burial, Jany 1/85

Undertaker, F. H. Lock

Place of Business, 75 Jefferson

[illegible] M. D.

Medical Attendant.

Address, 137 Bet

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[ov

Board of Health, City of Baltimore, 1884

Permit No. 8532 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 30 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob K. Funk

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 66 *Years,* 1 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Retired ~~Grocer~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number} 83 Johnson St.

Cause of Death, First, (Primary,) Diabetes Mellitus

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 years.

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem

Date of Burial, January the 2d

Undertaker, B. Hake

Place of Business, 62 West Str

Geo. G. Brewer M. D.
Medical Attendant.

Address, 136 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to [illegible] within twenty-eight hours after the death to the Undertaker or other persons superintending the [illegible]

Board of Health, City of Baltimore.

Permit No. 80533 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 30th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Archie Montgomery

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 2 *Months,* — *Days,*

Color, Wh

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 77 Granby St.

Cause of Death, First (Primary), Enteritis

Second (Immediate),

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery, Hamden

Date of Burial, Jan. 1 "85

Undertaker Um Lloyd

Place of Business, Hamden 133 Balto. Co.

E. A. Quinn M. D.
Medical Attendant.

Address, 5 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit 3530

The Special Attention of Physicians is respectfully invited to the Remarks below, and to those on the back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80534 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 1/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B. Eser.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 36 Lancaster

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, 36 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 2d 1885.

Undertaker, Leonhard Fürst

Place of Business, No 272 S. Bond St. *Address,* 50 Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80,534 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ann Mann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, House Woman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Middlesex, County, Virginia

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 255 Orleans St

Cause of Death,
First (Primary), Acute Gastritis
Second (Immediate), " Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
Date of Burial, Jan 1st 1885
Undertaker, W. H. Dunger
Place of Business, 1062 Eastern

Wm. L. Russell M. D.
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Physician, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10536

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John August Witting

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* ~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 4 237 S. Dallas St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, Jan 2

Undertaker, Wendell Dill

Place of Business, ... *Address,* 243 Aisquith St

John H. Rehburg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 10537 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Justinus Kruder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give Street and Number.} 276 S. Bond St.

Cause of Death, First (Primary), Placenta Praevia - Hemorrhage

Second (Immediate), Asthenia child birth

Duration of Last Sickness, Less than one hour. Died before I visited her

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet St.

Date of Burial, Jan 1

Undertaker, Wenkell & Bigel

Place of Business, *Address,* 77 S. Broadway

G. L. Wilkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8038 — *Office of Registrar of Vital Statistics.* — Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johan Schröder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 28 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 51 Thames St.

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, 1

All the above information should be furnished by the Physician.

Place of Burial, H. R. Cemetery

Date of Burial, Jan 1st 1884

Undertaker, H. Dipkel

Place of Business, 1. Bond St.

James A. Steuart M. D.

~~Medical Attendant.~~

Address, Com. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 80539

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80539

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Heidemann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 152 S. Madeira Alley.

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, H. James Cem.

Date of Burial, Jan. 2nd 1885

Undertaker, H. Dippel

Place of Business, 27 Bond St.

James A. Steuart M.D.

~~Medical Examiner.~~

Address, 104 S. Wolfe St. Physician

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80540 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pat R Manfern.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years.

Place of Death, {Give Street and Number.} 616 W. Pratt

Cause of Death, First (Primary), Bright's Disease of the Kidneys.

Second (Immediate), Sick(c) Week.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 2 1885

Undertaker, Martin Fahey

Place of Business, 1240 Gouverneur Address, 387 W. Lombard St

H. L. Spicer M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate.

Board of Health, City of Baltimore,

Permit No. 10141 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellie Gibbons

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* —— *Months.* —— *Days.*

Color, Colt

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death. {Give street and Number.} C. Adams Infirmary N Broadway

Cause of Death, First (Primary). Rheumatism

Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Jan 1/85

Undertaker H. C. Saiger

Place of Business, 94 S Broadway *Address,*

F. D. Lamb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80542 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Francis Steever

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 5 *Months,* 26 *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 18 S. Spring St.

Cause of Death, First (Primary), Diptheria

Second (Immediate), Convulsion

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, January 2 1885

Undertaker, Henry McGinnis

Place of Business, 17 & 19 Lexington *Address,* 1 S. Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, 310

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80543

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie J. Browne

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} Near ct. over Bond st

Cause of Death { First, (Primary,) Phthisis Pulmonalis
, { Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 1st 1885

{ *Undertaker,* W W Madden
{ *Place of Business,* 46 East Fay

Wm N. Hill M. D.
Medical Attendant.

Address, 1962 Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80544 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 31 — 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bartell

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} male

Age, ~~Years,~~ ~~Months,~~ 23 Days

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 130 Gough N. E. Cor. Rogers

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, St Michal Cemetery

Date of Burial, January 1st 1885

Undertaker, Peter Frey

Place of Business, Eutaw Av

P. G. Dausch M. D.
Medical Attendant.

Address, 325 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

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Board of Health, City of Baltimore.

Permit No. 80545 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David A. Bisset.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* 5 *Months,* 21 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Sheriff of Mercer Co. Ky.

Birthplace, {State or country and how long in the United States, if of foreign birth.} Petersburg Va.

Duration of Residence in the City of Baltimore, 5 weeks.

Place of Death, {Give street and Number.} Eutaw House.

Cause of Death, First (Primary), Bright's Disease.

Second (Immediate),

Duration of Last Sickness, Over a year.

All the above information should be furnished by the Physician.

Place of Burial, Petersburg Va

Date of Burial, Jan 16th 1885

Undertaker H. Jenkins Sons

Place of Business, Park & Hardy

C. O'Donovan M. D.
Medical Attendant.

Address, 115 W. Monument c-

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit 3531

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80576 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, Dec. 31 - '84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarissa Brown

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 90 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 122 Coppman St,

Cause of Death, First (Primary), advanced age & general debility

Second (Immediate), " " " "

Duration of Last Sickness, a few hours

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Jan 2nd 85

Undertaker Hen Jackson Son

Place of Business, Park Avenue

F. Donaldson M. D.
Medical Attendant.

Address, 108 Park Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80547 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Luther C. Dawson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 126 Penna Ave

Cause of Death, First (Primary),

Second (Immediate). Meningitis - Simple -

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, January 1th 1885

Undertaker R. Rehde

Place of Business, 78 Pennsylvania Ave

J. H. Miller, M. D.
Medical Attendant.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80148 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31st December 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Kindelsberger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 34 Amity St.

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Dropsy

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 1st 1885

Undertaker, H. Saunders & Son

Place of Business, 252 Eastern Ave *Address,* 234 Marion Ave

A. T. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Use of Blanks on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80549 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 31/84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Green

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* —— *Months.* 14 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore. Life.

Place of Death, {Give Street and Number.} Asylum. (St. Vincent—)

Cause of Death, First (Primary), Phthisis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 1st 1885

Undertaker, Wm H. Hickman

Place of Business, 1234 Gay St. *Address,* Harlem Ave Calton.

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, prior to the Issue of Blanks for Return of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80550 *Office of Registrar of Vital Statistics.*, Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 10th Jan 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schwerendiger Schwerendiger

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 0 *Years,* 0 *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 20 Pearl St Baltimore

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and Number.} 20 Pearl St

Cause of Death, First, (Primary,) Spasm

Second, (Immediate,)

Duration of Last Sickness, three days

All the above Information should be furnished by the Physician.

Place of Burial, Bulls Cem

Date of Burial, Jany 2nd 1885

Undertaker, John H McCoy

Place of Business, 22 W. Fayette St

R. H. Weidman M. D., Medical Attendant.

Address, 120 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible] this Certificate.

Board of Health, City of Baltimore,

Permit No. 80537 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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CERTIFICATE OF DEATH.

Date of Death, Dec^re 31

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ogden Elisabeth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Institution of the Little Sisters of the Poor

Cause of Death. First (Primary),

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, Holy Cross Cemetery

Undertaker Mr Bloodcamp

Place of Business, *Address,*

Jno Rooke Bayne M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 80552 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henderson

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 11 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 9. Harris Alley

Cause of Death, First, (Primary,) Pneumonia.

Second, (Immediate,)

Duration of Last Sickness, six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, January 3rd

Undertaker, Jno P Paulus

Place of Business, 66 Frederick Ave Address, 17 N. Calhoun St.

I. Truman Hill M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80553 *Office of Registrar of Vital Statistics.* Ward 5-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Williams Gray
Grey

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 91 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Hatter.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 60 Years.

Place of Death, {Give street and Number.} 16 Thompson St.

Cause of Death, First (Primary), General Debility from old age.

Second (Immediate), Exhaustion

Duration of Last Sickness, About 1 year (?)

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Jan 3d 1885

Undertaker Adam Fink

Place of Business, 461 W Fayette St

J. H. Robertson M. D.
Medical Attendant.

Address, 25 1/2 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to that of Physicians on the back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80557 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~Mollie Healy~~ Dec 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Healy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 14 *Years,* 1 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 18 E Monument St.

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Mon Cathedral

Date of Burial, Jan 2 d

Undertaker, L. C. Windefeld

Place of Business, 60 Gruenmit Av *Address,*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80333 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 31, December 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 7 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 163. S. Howard St.

Cause of Death, First (Primary), Subacute Consumption

Second (Immediate), Bronchy = Catarrh

Duration of Last Sickness, From birth Last confinement, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Church Land

Date of Burial, Jan 2nd 1885

Undertaker, Geo H Perkins

Place of Business, 221 Hanover St *Address,* 146. Hill St

L. D. Gyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80536 *Office of Registrar of Vital Statistics.* Ward 8 2/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Walter Wallace

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 144 Fairmount Ave

Cause of Death, First (Primary), Diptheria

Second (Immediate), Tubercular Meningitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 2 1885

G. F. Taylor M. D.
Medical Attendant.

Undertaker Henry Flocke

Place of Business, 309 Central Ave *Address,* 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 80557

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 31 — '84.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} —

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, W'h A.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} City Hospital — this man was picked up on the street delirious — was not identified

Cause of Death, First, (Primary.) Pleuro-pneumonia

Second, (Immediate.)

Duration of Last Sickness, About 24 hours

All the above information should be furnished by the Physician.

Place of Burial, (See following certificate)

Date of Burial

Undertaker,

Place of Business,

Alex. Hill, M.D.,
Medical Attendant.

Address, Coroner Cent. Dist

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80557 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY
JAN 2 1885
REGISTRAR'S OFFICE

CERTIFICATE OF DEATH.

Date of Death, Dec 31 / 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown (Man) Charles Papoka 224 S. Eutaw

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, About 50 *Years,* Unknown *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Pleuro pneumonia

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem

Date of Burial, Dec 31 1884

Undertaker, Geo. Rinehart

Place of Business, Forest Place *Address,* City Hospital

H R Clark M. D.,
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special attention of Physicians is respectfully invited to the [illegible] this Certificate.

Health Department, City of Baltimore.

Permit No. 80558 *Office of Registrar of Vital Statistics.* Ward 15"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Kaas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* 1 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Book binder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 250 Hanover Street

Cause of Death, First (Primary), Typhomalarial Fever

Second (Immediate), Exhaustion

Patient was taken sick 3 weeks ago. partially recovered — Relapsed

Duration of Last Sickness, 1 week after relapse

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 2 1885

Undertaker, Ernst Fahlsing

Place of Business, 381 Sharp

E. K. Kilgo M. D.
Medical Attendant.

Address, 196 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible] this Certificate.

Board of Health, City of Baltimore,

Permit No. 80339 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Gent

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~in~~ 22 *Years,* *Months,* *Days,*

Color, C

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and Number.} 50 Orchard St

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Shorfast-Cemetery

Date of Burial, January 2 1885

R. Grinder M. D.
Medical Attendant.

Undertaker Alt Cemetery

Place of Business,

Address, 20 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 80560 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 2 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 1. 85

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Irene Tingley.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 8 *Years,* ——— *Months,* ——— *Days.*

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } West Moreland Va,

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, { Give street and Number. } 440 Vincent Ally.

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate), Consumption of lungs

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 3 1884

Undertaker Alex Kennedy

Place of Business, ——— *Address,* ———

G W Norris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80561 *Office of Registrar of Vital Statistics.* Ward 7a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31 st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester J. Baker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 429 N. Gay St.

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Balto., Cemetery

Date of Burial, Jan 2nd 1886

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St

Wm Whitridge M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80562 *Office of Registrar of Vital Statistics.* Ward 19 11/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 2 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 1/1. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth V Benson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 213. Edmondson Ave Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 213 Edmondson Ave

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) do.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial Lorraine Cemetery

Date of Burial, Jan. 2' 1885

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St *Address,* 317 Madison Ave

Dr Lacy Thomas M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 80563

Office of Registrar of Vital Statistics. 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 2 1917 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 1"

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Smith

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, 81 *Years,* — *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Harford County

Duration of Residence in the City of Baltimore, Sixty Five years

Place of Death, {Give street and number.} 156 Arlington Ave

Cause of Death, First, (Primary.) Softening of the brain

Second, (Immediate.)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Bellevue Cemetery

Date of Burial, January 3

Undertaker, J B Cook

Place of Business, 707 W Baltimore

Harry Saunders M.D.,
Medical Attendant.

Address, No 14 N Paca St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80664 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Flora Elsie Galster

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 3 *Years,* 2 *Months,* 26 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~ ~ ~ ~ ~ ~ ~ ~

Occupation, ~ ~ ~ ~ ~ ~ ~ ~ ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 106 S. Chester st ~

Cause of Death, First (Primary), Diphtheria. ~ Septicemia ~

Second (Immediate), ~ Paralysis ~

Duration of Last Sickness, ~ 5 Weeks ~

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jan 2d 1885

Undertaker, W. E. Sanders Jun

Place of Business, 252 Canton Av

Thomas B. Evans, M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ... Certificate.

Board of Health, City of Baltimore.

Permit No. 80565 *Office of Registrar of Vital Statistics.* Ward 1 ci

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 2 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Punte

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days,*

Color, wh

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Entire life

Place of Death, {Give street and Number.} 37 Castle Street

Cause of Death, First (Primary),

Second (Immediate) Laryngitis Diphtheritica

Duration of Last Sickness, 5 days = (I was called in two days ago)

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, January 2nd 1885

Undertaker Fred Gaede

Place of Business 29 S. Caroline

Jn C Bunzing M. D.
Medical Attendant.

Address, Broadway & Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore.

Permit No. 80576 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JAN 2 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 31 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} not baptized Parents names Thos. W. & Louisa Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, [illegible] *Years,* one *Months,* 14 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 252 Raborg

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} above

Cause of Death, First (Primary), Strangulation (Cancer)

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lemmel Cemetery

Date of Burial Nov 2 1885

Undertaker William N Dorsey

Place of Business 462 East St

Thos Quinan M. D.
Medical Attendant.

Address, 182 Harlem Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80567 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 1 — 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Jones —

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* *Days,*

Color, Ed

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundle Co Md

Duration of Residence in the City of Baltimore, 60 yrs —

Place of Death, {Give street and Number.} 9 Vincent ave —

Cause of Death, First (Primary), Pneumonia —

Second (Immediate), Asthma —

Duration of Last Sickness, 4 ds —

All the above information should be furnished by the Physician.

Place of Burial, Monoc Vil By Co

Date of Burial, Jan 2 1895

Undertaker William Dorsey

Place of Business, 62 East St

C. C. McDowell M. D.
Medical Attendant.

Address, 642 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3532 Hanover [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 80568 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 2 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 1 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Irons Pleasants

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 375 E. Balto. St.

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), " "

Duration of Last Sickness, 4 days " "

the above info mation should be furnished by the Physician

Place of Burial, Mt Olivet Cemetery

Date of Burial, January 2nd 1885

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 375 E. Balto. St.

E. P. Byrn *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80569 *Office of Registrar of Vital Statistics.* Ward 3 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Pratt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} America

Duration of Residence in the City of Baltimore. 40 years

Place of Death, {Give Street and Number.} No 84 Aisquith

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Remote

Date of Burial, 4 January 1885

Undertaker, John D. Schuen

Place of Business, 268 Aisquith *Address,* 268 Aisquith

W. Wells M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Extract from Regulations.

Board of Health, City of Baltimore.

Permit No. 80590 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Hellman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single, Widow or,*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 64 Saratoga St.

Cause of Death, First (Primary), Phlegmonous Erysipelas

Second (Immediate), Septicaemia

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial Hanover St Synagogue by

Date of Burial, Jany 2nd 1885

Undertaker STEWART & MOWEN, UNDERTAKERS.

Place of Business, 35 Park Ave

H. Irvine M. D.
Medical Attendant.

Address, 2 Courtland St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ... this Cer...

Board of Health, City of Baltimore.

Permit No. 80571 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Wm and Amelia Eisner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 616 Pendleton st

Cause of Death, First (Primary), ...

Second (Immediate) Pneumonia

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Odenheimer Cemetery

Date of Burial, Jan 3 nd 85

Undertaker Wm. Eisler

Place of Business, ... *Address,* 125 Eden

L Dickmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 80572 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 2 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agatha Hales

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, Dark

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Religious

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Fredk City Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} Convent Chase & Forrest Place

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 3rd 1885

Undertaker, James S. Lyon

Place of Business, 102 N Front St

F. E. Shatardy M. D.,
Medical Attendant.

Address, 114 East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 80573 Office of Registrar of Vital Statistics. Ward 11 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. McNally

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 129 Bond St.

Cause of Death, First (Primary), Spasm

Second (Immediate),

Duration of Last Sickness, an hour

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 2 1884

Undertaker Thos. J. Byrne

Place of Business, 163 N. Front St

Chas Brockett Bond M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duly of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 8057 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 2 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Columbus Tyler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months.* 28 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt Co Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 44 Parrish Alley

Cause of Death, First (Primary), Teething & Convulsions

Second (Immediate),

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 2nd 1885

Undertaker, Sam'l K. Chase

Place of Business, 198 S. Howard

S A Bell M. D.

Medical ~~Attendant~~ Coroner

Address, 101 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80575 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Facer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 19 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 65 Fraltimore St

Cause of Death, First (Primary), Debility & Congestion

Second (Immediate), Cold & Exhaustion

Duration of Last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 2

Undertaker, Withers

Place of Business, 31 Light St

J. Ridgway André M. D.
Medical Attendant.

Address, 121 E. Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 80376 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 31

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Wenigarten

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, Housekeeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First. (Primary,) Cystitis

Second. (Immediate,) Exhaustion

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, Har Sinia

Date of Burial, Jan 2nd

Undertaker, Jacob Abrens

Place of Business, 31 Leigh St

A Friedenwald M. D.,

Medical Attendant.

Address, 88 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on P...

Health Department, City of Baltimore.

Permit No. 80577 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James & Louisa Brown (Parents)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 39 N Washington st

Cause of Death, First (Primary), Premature birth

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 3rd 1885

Undertaker, James Brown

Place of Business,

James A Steuart M. D.

~~Medical Attendant~~

Address, Cumpt 6 & 2

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. Henry M McKewen Sanitary Inspector [OVER.]

Health Department, City of Baltimore.

Permit No. 80578 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 2 1885

Date of Death, Dec 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Griggs

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 2 *Years,* 3 *Months,* 7 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 25 Wayne St

Cause of Death, First (Primary),

Second (Immediate), Hydrocephalus

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Mount St Mary's

Date of Burial, Jan 2nd 1885

Undertaker, H Ross.

Place of Business,

Thos A Shearer M. D.

~~Medical Attendant~~

Comm'r of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Dreaning Inspector

[over.]

Health Department, City of Baltimore.

Permit No. 80579 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Simpson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 19 *Years,* ..... *Months.* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labour

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 2 Weeks

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Perforation of intestine + Peritonitis

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, West Sub Cemetery

Date of Burial, Janry 2 1885

Undertaker, Fred'k A. Kershner

Place of Business, 129 Arlington Ave

J West M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 80588 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Jan. 1 / 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. V. Quickert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* 9 *Months,* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto-city

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 148 S. Eden st.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, January 4th / 85

Undertaker, Michael Funk

Place of Business, 85 Bank st

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80581 *Office of Registrar of Vital Statistics.* Ward 7-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec'r 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Merrue

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 90 *Years,* — *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give Street and Number.} 386 E. Chase St

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Phila Penna.

Date of Burial, Jan 1st.

Undertaker, F. N. Toll.

Place of Business, 131 Hanover St. *Address,* [illegible]

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80582 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1st January 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Bell.

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.} Female.

Age, 79 *Years,* *Months,* *Days*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 12 Years. — 32 in America

Place of Death, {Give Street and Number.} 172 La Fayette Avenue

Cause of Death, First (Primary), ~~Syphilitis~~

Second (Immediate), Neurasthenia

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 3rd 84

Undertaker, Nevitt & Son

Place of Business, Park & Saratoga

N. W. Littell M. D.
Medical Attendant.

Address, Fayette & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80583 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 1, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Schaffer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 90 Wilkens ave

Cause of Death, First (Primary), Acute Tuberculosis

Second (Immediate), Effusion into Pericardium

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 4th

Undertaker, J G Cook

Place of Business, 707 W Baltimore St

James Bosley M. D.
Medical Attendant.

Address, Big Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Hammond.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* 3 *Months,* 4 *Days.*

Color, Brown.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Barber.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md. All his life.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 65 Arch St.

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, About 18 Months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Jan 2nd 1885.

Undertaker, Wm F Gray

Place of Business,

Edward M. Post, M.D.
Medical Attendant.

Address 199 N Howard St.
Near Monument Sq.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 80585 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 1st 85 - 5.30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Uric

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 f 9 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} St Joseph's Hospital

Cause of Death, First (Primary), Dysentery Chronic

Second (Immediate), & Exhaustion

Duration of Last Sickness, 3½ months

All the above information should be furnished by the Physician.

Place of Burial, Easton Talbot Co Md

Date of Burial, Jan 3 1885

Undertaker, Wm H Hickman

Place of Business, 234 N Gay St.

F W Mead M. D.

Medical Attendant.

Per E.H.

Address, U.S. M. H. Service

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases ...

Board of Health, City of Baltimore,

Permit No. 80586 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 5 18

CERTIFICATE OF DEATH.

Date of Death, Friday January 2nd 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Carl

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and Number.} 80 Holland St.

Cause of Death, First (Primary). Folliculer Laryngitis

Second (Immediate). Suffocation

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, Jan 4th 1885

Undertaker Henry L. Mears

Place of Business, #45 N Gay St

Elkinton M. D.
Medical Attendant.

Address, 5 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 80587 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Bittner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years.* 2 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give Street and Number.} 113 N Spring st

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 2 Hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Jan 3rd 1885

Undertaker, Henry Hoeck

Place of Business, 309 N Central av

James A Steiner M. D.

~~*Medical Attendant.*~~

Cor Pitt & C

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. Henry McM Keown Sanitary Inspector [OVER.]

Board of Health, City of Baltimore.

Permit No. 80588 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Friedrich

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 47 *Years,* 2 *Months,* 7 *Days.*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death. {Give street and Number.} 200 Hughes St

Cause of Death. First (Primary), Consumption of lungs

Second (Immediate), Asthenia

Duration of Last Sickness, 1 year

All the above info mation should be furnished by the Physician.

Place of Burial, Laelen Cemetery

Date of Burial, Jany 4/83

Undertaker M. Doyle

Place of Business, 200 E. Baltimore St *Address* 258 Madison Ave

H. Stillwell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80589 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan' 1st 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Stricker

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 9 *Months,* —— *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 115 S. Stricker

Cause of Death, First (Primary), Double Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Jan 3/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* ——

J. G. Luetticum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 80594 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 2. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs G. L. Harrison

Sex, Male or Female, {Cross out the word not required in this line.} (Helen)

Age, 56 *Years,* *Months,* *Days,*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 56 yrs

Place of Death, {Give street and Number.} 99 Chase

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthma

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Jan 4 85

Undertaker, Kelly Jackson & Nes

Place of Business, Park & Saratoga

F. C. Chatard, M. D.,
Medical Attendant.

Address, 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80591 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva. H. Strickfus

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 5 *Months,* 3 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 140 Hillsdale St

Cause of Death, First (Primary), Hypothermia Neonatal

Second (Immediate), Debility

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, January 4

Undertaker, B. Marle

Place of Business, 82 West St

H. B. Ashe M. D.
Medical Attendant.

Address, 58 Hanover av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80592 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 62 *Years,* ~~Months.~~ ~~Days~~

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Store Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 123. Eastern Avenue

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltm Cemetery

Date of Burial, January 4th 1885

Undertaker, Peter Frey

Place of Business, 91 Eden St

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80573 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Jany 2 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Smeleng

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 6 *Days*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. city

Duration of Residence in the City of Baltimore, 10 - 6

Place of Death, {Give Street and Number.} 2466 S. Eutaw St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Spasm

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 24th/85

Undertaker, Wallace Tunnel

Place of Business, Biddle St *Address,* 313 Light St

R. W. P. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 80594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 3rd '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Aydelott

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, Whe

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} (99 Reston St.) Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 99 Reston St.

Cause of Death, {First (Primary,) Trismus Nascentium / Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jany 3-86

Undertaker, D Emmy & Mitchell

Place of Business, 534 W Fayette St

W. F. Rockwood M. D.
Medical Attendant.

Address Park ave & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Health Department, City of Baltimo[illegible]

Permit No. 80595 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 2/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca M. Etchberger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 17 Gough St.

Cause of Death, First (Primary), General Debility

Second (Immediate), Hepatitis 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, January 4 1885

Undertaker, [illegible]

Place of Business,

R. W. Mansfield M. D.
Medical Attendant.

Address, 502 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to List of Diseases [illegible]

Health Department, City of Baltimore.

Permit No. 80596 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Bradway

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months.* *Days*

Color ~~ed~~

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Queen Anns Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} St James Court No 4

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 3rd 1885

Undertaker, Emma H Rae

Place of Business, 985 Hanover

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Special [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Collins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* 4 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 Cross Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 4

{*Undertaker,* Shumsley / *Place of Business,*}

Francis P Garnett M. D.
Medical Attendant.

Address 187 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 80598

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B2

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 6 *Days*

Color, c d

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 148 Preston St-

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Frank St- Cemetery

Date of Burial, January 4/83

Undertaker, H. Pfaff

Place of Business,

Thomas Stone M. D.
~~Medical Attendant~~

Address, Jan 6-1883

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

George E. Boyer
Sanitary Inspector

[over.]

Health Department, City of Baltimore.

Permit No. 80599 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 1. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. C. Bauer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Paper-hanger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Balt~~ Md. Balt.

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give Street and Number.} 50 D. Pratt St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 3rd 85

Undertaker, G. Frame

Place of Business, Pratt & Wolf *Address,* Balt. & Paca sts.

H. H. Rucks M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80600 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 4 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hoffe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1220 E. Monument St.

Cause of Death, First (Primary), Pleurisy

Second (Immediate), Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan. 6th 84

Undertaker, G. France

Place of Business, 9 Paul & Wolfe *Address,* 242 Broadway

P. Healy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80601 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Simms

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, B & O R.R.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give Street and Number.} B & O. R.R. & Lee St

Cause of Death, First (Primary), Struck & run over by

~~a train of Cars~~ Second (Immediate), Accident

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, M.C. Cemetery D.R.

Date of Burial, January 4th 1885

Undertaker, Danny McCutchell

Place of Business, 655 Broadway

S. A. Bell M. D.

~~Medical Attendant~~ Coroner

Address, 100 Bethune St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 80602 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J Matthews

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 27 Church St

Cause of Death, First (Primary),

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, 26 hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Jan 4th 1884

Undertaker, Crumbaugh

Place of Business, 263 Pratt

Theodore Cook M. D.
Medical Attendant.

Address, 116 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80603 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry J. Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months.* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 242 S. Eutaw St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, Jan 4th 1884

Undertaker, C. P. Krauss & Son.

Place of Business, 209 Hanover St

G. Lenox Curtis M. D.
Medical Attendant

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80604 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 2/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kirshman

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 16 *Years,* *Months.* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Orphan Asylum

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 28 Shakespeare

Cause of Death, First (Primary), Typhoid fever

Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 4th

Undertaker, W. Leippel

Place of Business,

R. W. Mansfield M. D.
Medical Attendant.

Address, 502 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 81603 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Richaker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* ..... *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balti

~~Duration of Residence in the City of Baltimore,~~ .....

Place of Death, {Give street and Number.} 36 Walker St

Cause of Death, First (Primary), ...

Second (Immediate) Chronic Croup

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, Jan 24 85

Undertaker C. Prance

Place of Business, Pank & Wolfe Address, 88 E Balto St

A Krepshardt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak... or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Law of Dis...

Board of Health, City of Baltimore.

Permit No. 8606 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2. 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } England A. Hack

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 55 *Years,* *Months,* *Days*

Color, W Male

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 203 Saratoga St

Cause of Death, First (Primary), Apoplexy

Second (Immediate). 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Manchester. Carroll Co. Md.

Date of Burial, January 5th

Undertaker Fred. N. Frolle

Place of Business, 131 Hanover St. *Address,* 75 E Baltimore St.

Dr. Hack M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak... or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Parnell 3535

Health Department, City of Baltimore.

Permit No. 8067 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Traynor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about thirty five years

Place of Death, {Give Street and Number.} No 149 Mulliken St

Cause of Death, First (Primary), Unknown

Second (Immediate), Apoplexy

Duration of Last Sickness, only a few minutes

All the above information should be furnished by the Physician.

Place of Burial, St Patrick cemetery

Date of Burial, Jan 4 — 1885

Undertaker, Henry Mcguire

Place of Business, No 8 central ave

Clinton A. Tagg M. D.
Medical Attendant.

Address, 125 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No 8[illegible]08 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

23

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Young

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, 36 Yrs

Place of Death, {Give street and Number.} 149 Caroline St

Cause of Death, First (Primary), Old age

Second (Immediate), Chronic Phthysis

Duration of Last Sickness, 30 Yrs

the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 5th 1885

Undertaker Henry W. Mears

Place of Business, #45 N Gay St

Thos. S. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 80609 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 2/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} S. J. Butler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 6 *Months,* — *Days,*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pamunkey No 10.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 11. Pamunkey

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Jan 5th 1886

Undertaker Wm J Gray

Place of Business, 65 W —

Annie G. W. M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 8010

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Anne McCoy.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seamstress.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore, Seven years.

Place of Death, {Give street and number.} 23 Orchard St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, About Six months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Jan 4th 1885

Undertaker, Wm J Gray

Place of Business, 65 M

Medical Attendant. Jno. S. Fay *M.D.,*

Address, 75 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8861 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 2 Jan. 2 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sullivan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 4 N. Carrollton ave.

Cause of Death, First (Primary), Neuralgia

Second (Immediate), convulsions

Duration of Last Sickness, about 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemty

Date of Burial, January 3 1885

Undertaker, D. F. A. Kelcher

Place of Business, 129 Arlington Ave

Wm. A. Jamison M. D.
Medical Attendant.

Coroner

Address, 326 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 80612 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 4, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria V Donaughe

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give Street and Number.} 73 Wilkens ave

Cause of Death, First (Primary), Bright Disease of Kidneys

Second (Immediate),

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Jan 5th 85

Undertaker, J. B. Cook } James Bailey M. D.
Medical Attendant.

Place of Business, 707 W. Balto St *Address,* 319 Wilkens ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse, and to List of Diseases on P...

Board of Health, City of Baltimore.

Permit No. 80613 *Office of Registrar of Vital Statistics.* **Ward** 8 (

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

CERTIFICATE OF DEATH.

Date of Death, 2 January

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Fields

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 75 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Co. Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Institution of the Little Sisters of the Poor.

Cause of Death, First (Primary),

Second (Immediate), Paralysis

2 years.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial,

Undertaker M.A. Bloodcamp

Place of Business,

Jno. Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 80614 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 2d 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bottinger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} female

Age, 71 *Years,* 7 *Months,* 21 *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} married

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give Street and Number.} 91 N. Spring st.

Cause of Death, First (Primary), Anasarca

Second (Immediate),

Duration of Last Sickness, 11 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jany 5. 1885

Undertaker, D Rainey

Place of Business, 125 Orleans st

P. L. Dausch M. D.
Medical Attendant.

Address, 325 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 80615 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 23 *Years,* 10 *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} A. A. Co. Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give Street and Number.} 227 Chesnut alley

Cause of Death, First (Primary), Consumption

Second (Immediate), asthenia

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Edmondson Cemetery

Date of Burial, Jan 6 1883

Undertaker, Alf Kennedy

Place of Business, —

Jas E. Gibbons M. D.
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and oorrect record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 80616. *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 4. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estelle Williamson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 96 Eastern Ave

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 5th 1885

Undertaker Jas P Byrne

Place of Business, No 63 E. Fayette Address, 75 E Baltimore St

J. W. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 80617

Office of Registrar of Vital Statistics. 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 3rd 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Dorsey

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 41 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Servant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give street and number. } 108 St Paul St

Cause of Death, First, (Primary.) [redacted] Septicaemia following

Second, (Immediate.) Strangulated femoral hernia

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 5 1885

Undertaker, James P Coyne

Place of Business, 1063 N Howard St

A W Knaus *M.D.,*
Medical Attendant.

Address, 143 N Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Following Rules, and to Laws of Diseases [illegible]

Board of Health, City of Baltimore.

Permit No. 80618 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1885

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Gertrude Mortensen

Sex, ~~Male or~~ *Female.* (Cross out the word not required in this line.)

Age, 4 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, (Cross out the word not required in this line.)

Occupation

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, (Give street and Number.) 62 St. Paul St.

Cause of Death, First (Primary). Whooping Cough

Second (Immediate).

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 5th 1885

Undertaker [illegible]

Place of Business, [illegible]

John Morris M. D.
Medical Attendant.

Address, 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 80619 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 3 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hamill

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 7 3 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 47 years

Place of Death, { Give street and Number. } City Hospital

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral cemetery

Date of Burial, 6th of Jan. '85

Undertaker, James P Byrne

Place of Business, 63 N Eutaw St *Address,* City Hospital

H R Clark, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80620 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Trisigacker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* —— *Months.* —— *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give Street and Number.} 106 Lemmon St.

Cause of Death, First (Primary),

Second (Immediate), General Dropsy

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, January 6th

Undertaker, John F. Paulus

Place of Business, 66 Frederick Ave

H. W. Webner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 8621 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 4th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob. G. Johnson

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 42 *Years,* 6 *Months,* — *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 82 Buck St.

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Asthenia

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 6, 1885

Undertaker, W. Dykes

Place of Business, 5 Bond St

Wm H. Annis M. D.
Medical Attendant.

Address, 164 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80622 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Matilda Fitz~~ Marguerite Arvy

~~*Sex, Male* or *Female*~~, {Cross out the word not required in this line.}

Age, ~~X~~ *Years,* 2 *Months.* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ or *Widower*, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give Street and Number.} 295 Eutaw St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan. 5th 1885

Undertaker, Ph. Seewald

Place of Business, 35 S Eutaw St *Address,* Union Hosp

J R Trimble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 80623 *Office of Registrar of Vital Statistics.* Ward 6?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 11 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Wittich

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months.* 3 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 110 N. Bethel St.

Cause of Death, First (Primary), Membranous Croup

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cem

Date of Burial, 12th of Jan 1885

Undertaker, Henry Hofman

Place of Business, 1 N. Eden St

R. W. Mansfield M. D.
Medical Attendant.

Address, 522 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80624 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Saturday. Jan 3rd. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Cantrill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lynchburg Va

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give Street and Number.} 167 Greenmont Ave

Cause of Death, First (Primary), Typhoid Fever Complicated with Meningitis,

Second (Immediate), Exhaustion.

Duration of Last Sickness, 17 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jan 5 th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmit Ave

Wilmer Barnitow M. D.
Medical Attendant.

Address, Chas St & Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80625 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 3 / 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie C Phelan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give Street and Number.} 11 · 23 Parkins St

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 6th 1885

Undertaker, H. Lewis Schuetz

Place of Business, 109 N Fremont Address, 23 Franklin

Buttner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 80626 *Office of Registrar of Vital Statistics.* Ward 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 5 1885 BALTIMORE

Date of Death, Jany 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes Worley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Howard & Centre

Cause of Death, First, (Primary,) Membranous croup

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsus

Date of Burial, Jan 7th 1885

Undertaker, John J Andrews

Place of Business, No 426 Druid Hill Ave

F. E. Chatard M. D.,
Medical Attendant.

Address, 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Rules on Burial, and the Penalties

Health Department, City of Baltimore.

Permit No. 80627 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 6 1885 BALTIMORE

Date of Death, January 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Hooke

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* 5 *Months,* 10 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} 539 Harford Avenue

Cause of Death, First (Primary), Bright's disease

Second (Immediate), Dropsy

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 6th

Undertaker, Geo Helling

Place of Business, ... *Address,* 138 S Broadway

Milton A Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 80628 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ann Lowyer

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* 3 *Months,* 12 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lancaster County Virginia

Duration of Residence in the City of Baltimore, Since 1869

Place of Death, {Give street and Number.} 119 Conway St

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, 16 days

All the above Information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Jno. Correll M. D.,
Medical Attendant.

Address, 162 S. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the following

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Oscar~~ David Noel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 158 Penna. Ave

Cause of Death, {First (Primary,) Pthisis Pulmonalis

Second (Immediate,) Apnoea

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 6th 1885

Undertaker, John L. Mackie

Place of Business, No 150 Camden *Address* 157 Hamburg st

T. Daugherty M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 80630

Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kimball

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 4 years ~~Months~~ ~~Days~~

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 194½ Eastest

~~Duration of Residence in the City of Baltimore~~,

Place of Death, {Give Street and Number.} 194½ Eastest

Cause of Death, First (Primary), Retro Intestinal

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 5 1885

Undertaker, James Kimball

Place of Business,

Address,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 80631 *Office of Registrar of Vital Statistics.* Ward 26

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 4 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Howard

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ / Female

Age, 25 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 43 Peach alley

Cause of Death,
First (Primary), Peritonitis
Second (Immediate), asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 7

Undertaker, H Ross

Place of Business, Edmondson St

Thos Bond M. D.
Medical Attendant.

Address, 210 Shark St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80634 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 2d January 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H Spencer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 11 *Months,* 24 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 3. Peach alley

Cause of Death, First (Primary), Burned

Second (Immediate), Congestion of the Chest

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cem

Date of Burial, Jan 5 1885

Undertaker, H Bass

Place of Business, 95 Conway *Address,* 146 Hill St.

L. D. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Hereof, and to that of the

Health Department, City of Baltimore.

Permit No. 80633 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank & Annie Dulla

Sex, Male or Female, {Cross out the word not required in this line.} Male Parents

Age, / *Years,* *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 417 S Charles

Cause of Death, First (Primary), Congestion Brain

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, January 5th

Undertaker, B. Hall

Place of Business, 82 West Pratt

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases.

Board of Health, City of Baltimore.

Permit No. 80634 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 5 1885 BALTIMORE

Date of Death, Janu. 2. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Martin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Huckster

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} * 76 Hanford Ave

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate) Paralysis

Duration of Last Sickness, From 8 to 10 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 6 1885

Undertaker M. A. Daiger

Place of Business, 72 S. Broadway

Geo. A. Hastman M. D.
Medical Attendant.

Address, * 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4 Jan. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Anthony

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* X *Months,* X *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washing, ironing &c.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Kent Co Md.

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} Cor Franklin & State Sts.

Cause of Death, First (Primary,) Cancer - liver, Splen & omentum

Second (Immediate,) Asthenia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 6th 1885

Undertaker, Sam'l W. Chase

Place of Business, 198 S. Howard St

Richd Henry Thomas, M. D.
Medical Attendant.

Physician to Women & Children

Address Hospital & Dispensary 128 N. Eutaw St
Residence 207 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 80636 *Office of Registrar of Vital Statistics.* Ward 19/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mariah Toogood

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, Col.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation Launderess

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and Number.} 91 Bruce Street

Cause of Death, First (Primary),

Second (Immediate) Paralysis

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial Loanel Cemetery

Date of Burial, Jan 6. 1885

Undertaker Saml W. Chase

Place of Business, 178 S Howard St *Address,* 616 W Balto St

13 S. Titcomb, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

120

Permit No. 80637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 4. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Cotton,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, W. *Sex,* M.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City,

Duration of Residence in the City of Baltimore, Life,

Place of Death, {Give street and number.} 299 W. Carroll Store Ave,

Cause of Death, First (Primary,) Entero-Colitis,

Second (Immediate,) Cerebral Congestion,

Duration of Last Sickness, 1 week,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet—

Date of Burial, June 6—

J. L. Yale M. D.
Medical Attendant.

Undertaker, G. H. Blizzard *Address* 247 Fawn st

Place of Business, 207 Pitt ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 80638 *Office of Registrar of Vital Statistics.* Ward 21½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 3d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Myers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number} # 175 S. Durham St.

Cause of Death, First (Primary), Convulsions (Internal)

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem.

Date of Burial, Jan. 5th 1885 John H. Rehburg M. D.

Medical Attendant.

Undertaker, H. Landers & Son

Place of Business, 252 London *Address,* 243 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80639 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Hubbe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 10 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 158 S. Bethel St.

Cause of Death, First (Primary), ~~~~~

Second (Immediate), Marasmus 1 W

Duration of Last Sickness, About 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Ezekiel Cemetery

Date of Burial, Jany. 5th 1885

Undertaker, H. Sanderson

Place of Business, 252 Eastern Av. *Address,* 207 S. Broadway

I. L. Dashiell Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80640 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Dunter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 37 E Eastlake St.

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redemer Cemetery

Date of Burial, January 5th 1895

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline St *Address,* 814 E. Broadway

W. H. Kathy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80641 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th January 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mina Haeslop

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 35 *Years,* 3 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} Mulberry Street 146

Cause of Death, First (Primary), Childbirth

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 6 January 1885

Undertaker, Sigl Bros

Place of Business, Pennsylvania Ave, *Address,* 208 W Lombard Street

L E Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 80642 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 5 1885

CERTIFICATE OF DEATH.

Date of Death, ~~Wm. Kron~~ Jan 4/85

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Kron

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days,*

Color, W

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and Number.} 215 Light

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness. one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 6

Undertaker B. Hart

Place of Business, 82 West

H Webster M. D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his [illegible] to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Enter [illegible]

Board of Health, City of Baltimore.

Permit No. 80643 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Jan 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If any infant not named, give names of parents.} Peter Horst

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* —— *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth during life

Place of Death, {Give street and Number.} 13 Crove St

Cause of Death, First (Primary), Pneumonetis and Dentation

Second (Immediate), Spasam

Duration of Last Sickness, 8, xm day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 6 1885 J. E. Prichard M. D.

Medical Attendant.

Undertaker John Heagy

Place of Business, 382 Caroline *Address,* 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8064 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Rudolf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days*

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} N. 26 Lloyd St

Cause of Death, First (Primary), Endarteritis and Cyst of

Second (Immediate), vitium cordis

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 6 1885 Henry Salzer M. D.

Medical Attendant.

Undertaker, John Herring

Place of Business, 382 Orleans St *Address,* 169 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 80645 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Dec~~ Jan 4 '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Fisher

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months.* — *Days*

Color, Colored

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel co

Duration of Residence in the City of Baltimore, two weeks

Place of Death, {Give Street and Number.} 4 Vincent alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate), exhaustion

Duration of Last Sickness, six days

All the above Information should be furnished by the Physician.

Place of Burial, West River Md

Date of Burial, Jan 7 1883

Undertaker, [redacted]

Place of Business, 62 Fort Ave

Wm A. Jones M. D.

~~Medical Attendant~~.

Address, 326 Hanover st City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

See following certificate

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 80645 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richerard Fisher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} West River

Duration of Residence in the City of Baltimore, a couple week

Place of Death, {Give street and Number.} No 11 Vincent St

Cause of Death, First (Primary), Heart disease

Second (Immediate), 11 11

Duration of Last Sickness, Sudden Bronchitis week

All the above information should be furnished by the Physician.

Place of Burial, West River

Date of Burial, Jan 5th 1884

Undertaker Wm. N. Dwyer

Place of Business No 62 East St

J W J Englar M. D.
Medical Attendant.

Address, 394 Lemmon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3536 Transit [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of C...

Board of Health, City of Baltimore.

Permit No. 80646 *Office of Registrar of Vital Statistics.* Ward 12 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice V. Hebb
of Wm. J. & Hebb

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, W.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co.

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and Number.} #75 McCulloh St.

Cause of Death,
First (Primary), Rheumatism -
Second (Immediate), Acute pulmonary Oedema
Mitral Regurgitation - Heart

Duration of Last Sickness, Several years.

the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Jany 6th 1885

Christopher Johnston M. D.
Medical Attendant.

Undertaker STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

Place of Business, *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 80647

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 4. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hayden

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Twelve (12) *Years,* Eight *Months,* Five *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} St Mary's County Md

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 588 West Bute St

Cause of Death, First (Primary,) Meningitis Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 5th 1885

Undertaker, J. D. Emory & Mitchell

Place of Business, 530 W Fayette St

J. W. Preston M.D.

Medical Attendant.

Address. 246 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 80648 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Laribbin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} female

Age, 17 *Years,* 10 *Months,* 24 *Days,*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} single

~~*Occupation*~~ none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 82 S. Eighth st.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 6 months 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, January 6 1885

Undertaker Michael Funk

Place of Business, No 35 Bank St

P. L. Dausch M. D.
Medical Attendant.

Address, 375 E. Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 80649 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur H. Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 8 *Months.* ~~—~~ *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Mulberry & Vincent Alley

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharps St Cemetery

Date of Burial, Jan 6th 1884

Undertaker, Wm H Langen

Place of Business,

Chas A. Stuart M. D.

Medical ~~Attendant~~.

Address, Cor. of Health & Registar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

W. E. Roberts Sanitary Inspector

[OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Health Department, City of Baltimore.

Permit No. 8065 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Jany. 5 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosanna Norberg

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* ..... *Months,* ..... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 133½ N. Caroline

Cause of Death, First (Primary), Post Partum Hemorrhage from Retained placenta

Second (Immediate), Syncope

Duration of Last Sickness, Delivered by Midwife at 11 PM Jan 3/85, I visited her 10 AM Jan 4/85

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, January 6th

Undertaker, Mr. Funk

Place of Business, 35 Bank

G. L. Dintaman M. D.
Medical Attendant.

Address, 77 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible] below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 80651 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ruth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Bunker St 5 doors E of McElderry St.

Cause of Death, First (Primary),

Second (Immediate), Spasms.

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Jan 6th 1884

Undertaker, L. France.

Place of Business,

James J. Stenard. M. D.

~~Medical Attendant~~ Comm'r of Health & Registrar

Address, per A. France

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Dowding - Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 80652 *Office of Registrar of Vital Statistics.* Ward 6 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice L. Mason

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 8 *Years,* 10 *Months,* 7 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} London, England

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and Number.} N. 518 E. Chase

Cause of Death, First (Primary), Laryngitis Pseudomembranous

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jan 6/85

Undertaker Wm S Frey

Place of Business, 811 Broadway *Address,* 12 S. Eden St

L. Ottenheimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 80653 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 5. 1869

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nicholas B. Lauton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* 4 *Months,* 7 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} Fort & Jackson Sts

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, January 7

Undertaker, B. Hall

Place of Business, 82 West St. *Address,*

Theodore Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 80654 — *Office of Registrar of Vital Statistics.* — Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

885 B

CERTIFICATE OF DEATH.

Date of Death, Jan 5 "85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt U. Taggart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... 6 ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give Street and Number.} # 12 W Balto Street

Cause of Death, First (Primary), Hydrocephalus 2nd

Second (Immediate), Spina Bifida

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, M E Cemetery

Date of Burial, Jan 6 "85

Undertaker, Henry McKimmie

Place of Business,

James A. Stewart M. D.

~~Medical Attendant.~~ Com of Health Registered

Address, Per M.C.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Jas U. Fitzpatrick Sanitary Inspection

[over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 80655 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Schaffele

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 200 S. Race St

Cause of Death, First (Primary), ...

Second (Immediate), Croup (Laryngeal)

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 7th 1885

Undertaker, Geo Leimbach

Place of Business, 389 W Pratt St

Jno D Blake M. D.
Medical Attendant.

Address, 158 Race St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 80656 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 6 1885 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, January 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Steel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 44 *Years,* ~~Months.~~ ~~Days~~

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Iron Moulder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 57 S. Chapel st

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Dropsy

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Most H Redner

Date of Burial, Jan 7th

Undertaker, H Leppert

Place of Business,

Thomas P. Evans, M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 8065 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH JAN 6 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 3. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Nelle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46. *Years,* 8 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Würtemburg, Germany

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and Number.} 5 Myers Court Hear S Dallas & Alice Ann Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Acute Pneumonia

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Most of Rich'd

Date of Burial, Jan 6th

Undertaker, [illegible]

Place of Business,

A. V. Goswiler, M. D., Medical Attendant.

Address, 96 S Ann St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80658 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 6 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Gibbons

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, Wh.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Moner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 102 N. Caroline St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 7 months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 7th

Undertaker, William S Fox

Place of Business, [illegible]

G. Gibbons M. D.
Medical Attendant.

Address, 101 Eat. St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ce...

Health Department, City of Baltimore.

Permit No. 80659 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hurejick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months.* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 179 S. Bethel St

Cause of Death, First (Primary), Trismus Pneumonia

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, Jan 6th 1884 John H. Kelbeyan M. D.

Medical Attendant.

Undertaker, John Hennig

Place of Business, 382 Eastern Ave *Address,* 143 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 80660 *Office of Registrar of Vital Statistics.* Ward 5 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes V. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Book Binder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 182 N. Front

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 7th 1885

Undertaker, Henry W. Means

Place of Business, #45 & 47 Gay St. *Address,* 182 N. Front

Geo. Clemens M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 806

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80661 *Office of Registrar of Vital Statistics.* **Ward** 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ben Stevens

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color, C

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 7 Monroe Alley

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, January 6th 1884

R. Winslow M. D.
Medical Attendant.

Undertaker W. H. Bishop Jr

Place of Business, 97 Druid Hill Ave *Address,* 201 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 80662 *Office of Registrar of Vital Statistics.* Ward 18?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Burr

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months.* 18 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 7 Farrow St.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Convulsions

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Jan. 7/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* 298 N. Gaudon St.

C. H. Hebner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 10663 *Office of Registrar of Vital Statistics.* Ward 14/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Jany. 4. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Taylor

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* ..... *Months.* ..... *Days*

Color, Black

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Accomac Co. Va

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 8 Parry St. (Parish)

Cause of Death, First (Primary), Phthisis.

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shorps Cemetery

Date of Burial, Jan 6 1885

Undertaker, William Burns

Place of Business, 62 East St.

Mactier Warfield M. D.
Medical Attendant.

Address, University Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

Health Department, City of Baltimore.

Permit No. 80664 — *Office of Registrar of Vital Statistics.* — Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cole

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} #186 Ormes St.

Cause of Death, First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, 3 mo

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 7/85

Undertaker, Chas. F. Scrivener

Place of Business, 271 N. Eutaw *Address,* 306 W. Hazel

..... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 10665 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cullen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} 32 Neighbor st.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 6th 85

Undertaker H. C. Riddeford

Place of Business, 20 Greenmount Av. Address,

Dr. Brown M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80666 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 5, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Slater

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Married.

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} # 39 Valley St.

Cause of Death, First (Primary), Paralysis, General.

Second (Immediate), Uremic poisoning — Coma.

Duration of Last Sickness, about one week.

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cemetery

Date of Burial, Jan 7th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmt Ave

John K. Inman M. D.
Medical Attendant.

Address, 244 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80667 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Monday. Jan. 5th. 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Gerhold

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* 1 *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Years.

Place of Death, {Give Street and Number.} 104 Greenmont Ave

Cause of Death, First (Primary), Broncho Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jan 7th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmt Ave

Wilmer Brinton M. D.
Medical Attendant.

Address, Chas St & Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80668 *Office of Registrar of Vital Statistics.* Ward 17 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 4 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anastasia Taylor

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} female

Age, ... *Years,* 13 *Months.* 3 *Days*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 3 Hull st near Fort Av.

Cause of Death, First (Primary), Bronchial catarrh

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Jan. 6. 1885

Undertaker, M. A. Daigen

Place of Business, 74 S Bro

P. J. Daunt M. D.
Medical Attendant.

Address, 325 E. Balto. st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 80669

The Special Attention of Phycicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80669 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 5th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard Brown

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 month ~~Years~~ *Months* ~~Days~~

Color, White

~~Married~~ Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { City street and number. } 7 S Calhoun St

Cause of Death, First (Primary), Ascites

Second (Immediate), Exhaustion

Duration of Last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, M R of Cemetery

Date of Burial, Jan 6 1897

A C Cole *M. D.*

Medical Attendant.

Undertaker Fred A Kirchner

Place of Business 129 W Arlington Ave *Address,* No 579 Madison st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80670 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hamet Giles

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* 3 *Months,* *Days*

Color, C

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Queen Ann Co. Md

Duration of Residence in the City of Baltimore, 52 Years

Place of Death, {Give Street and Number.} 184 Raborg St Balto

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jany 7th 1885

Undertaker, Saml M. Chase

Place of Business, 198 S. Howard St *Address,* 232 N. Eutaw St

C. C. Hanney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 8067 / *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 5th, 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jno. E. Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 64 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widower or Widow, { Cross out the word not required in this line. }

Occupation Porter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Washington D C

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 38 Raborg St.

Cause of Death. First (Primary). Dysentery Bilious

Second (Immediate). Exhaustion

Duration of Last Sickness, 6 Weeks

the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 7th 1885

Undertaker Saml W. Chase

Place of Business, 198 S. Howard St *Address,* 279 W. Hoffman St

J. H. Hoffmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80672 *Office of Registrar of Vital Statistics.* Ward 17"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 5" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Sheekels

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 16 Months. Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Dunig Life

Place of Death, {Give Street and Number.} 661 Hanover st

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill.

Date of Burial, Janay 7.

Undertaker, B Harle.

Place of Business, 1141 Lt 82.

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80673 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 6th. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Dieckwoss

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 37 Essex Street (Canton)

Cause of Death, First (Primary), —

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Pub. Mathew Conn.

Date of Burial, January 7. 1885

Undertaker, H. Hanlon & Son

Place of Business, 252 Eastern Av *Address,* 207 S. Broadway

N. L. Dashiell, Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80674 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 5, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Webel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* 5 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and Number.} 87 Fairmount Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Dropsy of Heart.

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Jan 7, 1885

A. V. Bowmiller M. D.,
Medical Attendant.

Undertaker, H. Sander & Son

Place of Business, 252 Eastern Ave Address, 96 S. Amity St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80675 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Crawford Pearce.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 19 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 139 E. Eager St

Cause of Death,
First (Primary), Heavy Cold
Second (Immediate), Congestion Lungs

Duration of Last Sickness, 3 or 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 8th 1885

Undertaker, Henry McGinnis

Place of Business, No 8 N. Central Ave Address, 121 E Butler St

J. Ridgway Andre M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80676 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 2.30 P.M. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Trenton New Jersey

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 27 days

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, Jan 7th/1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place

F. W. Mead M. D.

Medical Attendant, Pro. U.S.N.

Address, U S Marine Hosp Service

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

Health Department, City of Baltimore.

Permit No. 8067 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 5 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Dunn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, no

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give Street and Number.} 158 Dolphin

Cause of Death, First (Primary), ...

Second (Immediate), apoplexy

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jan 7th 1885

Undertaker, ...

STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

Place of Business, ...

[signature] M. D.

Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80678 *Office of Registrar of Vital Statistics.* Ward 8 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, Jan. 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Adams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seventy seven *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Annarundel Co Md

Duration of Residence in the City of Baltimore, Fourteen years

Place of Death, {Give street and Number.} Maryland Penitentiary

Cause of Death, First, (Primary,) Cancer Back of Neck

Second, (Immediate,) "

Duration of Last Sickness, 3 Years

All the above Information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Jan 7th 85

Undertaker, Geo Rinehart

Place of Business, Forest Place

Silas Bowman M. D.,
Medical Attendant.

Address, 102 Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80679 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Williams

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 29 *Years,* 11 *Months,* 19 *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~; {Cross out the word not required in this line.}

Occupation Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md

Duration of Residence in the City of Baltimore, 2 yrs -

Place of Death, {Give street and Number.} # 60. Raborg St

Cause of Death, First (Primary), Catarrhal Pneumonitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 25 days

All the above information should be furnished by the Physician.

Place of Burial Druid County. Md

Date of Burial, January 8 85

Undertaker Hercules S. Ross

Place of Business, 95. Lexington St

Edw. D. Coulyn M. D.
Medical Attendant.

Address, # 244 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3537 Transit [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80680 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Chandler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 2 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} # 306 Montgomery St

Cause of Death, First (Primary), —

Second (Immediate), Meningitis

Duration of Last Sickness, 8 or 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemtery

Date of Burial, January 7 1885

Undertaker, Hercules Ross

Place of Business, 95 Low Way St

Dr. A. Bell M. D.
Medical Attendant.

Address, 161 Sarah

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 80681 ; *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Fredantonia

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 8 Third St

Cause of Death,
First (Primary), Morbus Cerebri
Second (Immediate), Cyanosis

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Vincents C

Date of Burial, Jan 7th

Undertaker W Leigh St

Place of Business,

D W Cathell M. D.
Medical Attendant.

Address 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80682 *Office of Registrar of Vital Statistics.* Ward 1 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Jany 5/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgana D. Hughes

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months.* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 37 Cambridge St.

Cause of Death, First (Primary), Membranous croup

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, West H Ridon's C

Date of Burial, Jan 7th

Undertaker, W Lippel

Place of Business,

R. W. Mansfield M. D.
Medical Attendant.

Address, 520 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80683

Office of Registrar of Vital Statistics.

3 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 4. January 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Kirmse

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 152 1/2 S. Dallas Str.

Cause of Death, First, (Primary.)

Second, (Immediate.) Croup.

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Jan 8 th 1885 Rob. Am Thor M.D.,

Medical Attendant.

Undertaker, John Hennig

Place of Business, 882 Orleans St *Address,* 121 N. Broadway,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80684 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edward Aul

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — — —

Occupation, — — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~13 Anthony St~~ Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 13 Anthony St.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Asphyxia

Duration of Last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, Luth. Reform.

Date of Burial, January 8th 85.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

J. W. Glover M. D.
Medical Attendant.

Address 461 N Gay St Corner Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 20685 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Jany 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Burch

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 82 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} No 14 Amistead Ave

Cause of Death, First (Primary), Old age

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 8 1885

Undertaker, C F Krause

Place of Business, 209 Hanover

J C Burch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

Health Department, City of Baltimore.

Permit No. 80686 *Office of Registrar of Vital Statistics.* Ward 24th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, January 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Steil

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 27 years.

Place of Death, {Give Street and Number.} 121 N. Gay St.

Cause of Death, First (Primary), a severe fall

Second (Immediate), Apoplexia

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 8th

Undertaker, Geo Schultens

Place of Business, *Address,*

Edmund P. Mudd M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore,

Permit No. 80687 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 7 1885

CERTIFICATE OF DEATH.

Date of Death, 6th day of January 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chris A. Proll Christ

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 10 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 41 Fahn Str

Cause of death, First, (Primary,) Typhoid fever

Second, (Immediate,) Confined to bed 6 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Public Cemetery

Date of Burial, Jany 8 1885 Fred. Hugo *M. D.,*

Undertaker, H Sandberg Jun Medical Attendant.

Place of Business, 20 Centre Str *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cooper

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, House wife

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, 2½ years

Place of Death, {Give street and number} 255 S Ann St

Cause of Death, First, (Primary,) Paralysis of Heart

Second, (Immediate,)

Duration of last Sickness, Few minutes Seconds

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, 8 January 1885

Undertaker, John C Schuck

Place of Business, 26 S Allen St

E Hall Rutter M. D.
Medical Attendant.

Address 108 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80689 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 6th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene D. Moffatt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, upe time

Place of Death, {Give Street and Number.} No. 218 E. Pratt St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 8th 1885

Undertaker, Denny & Mulcahy

Place of Business, 65 S Broadway

H. Tidd, M. D.
Medical Attendant.

Address, 211 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80690 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 3 '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benedict Beck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Dont Know

Occupation, Ajeter dreger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give Street and Number.} University - Hospital

Cause of Death, First (Primary), Tetanus

Second (Immediate), Convulsions

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, West Pub. Cemetery

Date of Burial, Jany 6/ 1885

Undertaker, C H Eschner

Place of Business, 129 Arlington Ave *Address,* 326 Hallsd City

Wm A. Jones M. D.

Coroner ~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80691 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, Jan 6 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Claudthy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give Street and Number.} Univ Hosp.

Cause of Death, First (Primary), Pleurisy

Second (Immediate), Lung Affection

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 7th 1885

Undertaker, James D Byrne

Place of Business, No 63 N Front St

I R Trimble M. D.
Medical Attendant.

Address, Univ Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 8069½ *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Kerns.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and Number.} 35 Centre Market space.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, about Six months

the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 7 1886

C. O'Donovan M. D.
Medical Attendant.

Undertaker Jas B Byrne

Place of Business, 110 N Gay St *Address,* 115 W. Monument st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincretia Williams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* — *Months,* 16 *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Easton Talbot Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 19 W Chase

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Puerperal Peritonitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mount~~ Sharp Street

Date of Burial, Jan 8th 1885

Undertaker, John J Andrews

Place of Business, No 416 Druid Hill Ave

Thos. J. Wurst M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

11 9

Permit No. 816944 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 6th 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Troxell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* —— *Months,* 2 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 227 Madison Ave

Cause of Death, First (Primary), Hemorrhage fr. bowels

Second (Immediate), 4 4

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, London park cemetary

Date of Burial, jan 8th 1885

Undertaker Denny and Mitchell

Place of Business, 550 W. Hazlett *Address,* 179 N. Howard

Thos Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules Printed on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80695 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parente.} Frederick Henry Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Twenty seven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 425 W. Pratt St

Cause of death, First, (Primary,)

Second, (Immediate,) Bronchitis (capilary)

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, January 8th 1885

Undertaker, Geo. Leinbach

Place of Business, 389 West Pratt St

H. Hoffrotto M. D.,
Medical Attendant.

Address, 230 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80696 *Office of Registrar of Vital Statistics.* Ward 9 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Stedman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, 7 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 11 Bartlett St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Congestion of Brain

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 9th 1882

Geo. O. Reynolds M. D.
Medical Attendant.

Undertaker, Henry McGinnis

Place of Business, 97-8 N Central Ave *Address,* 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80697 *Office of Registrar of Vital Statistics.* Ward 13½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Manly

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bath Co Va

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 437 N Lombard St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, Jan 10th

Undertaker, John F Brown

Place of Business, 89 Holliday St

Richard Coates M. D.
Medical Attendant.

Address, 1416 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80698 *Office of Registrar of Vital Statistics.* Ward 12 2/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of Law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1885-

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Eva Albert

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 88 *Years,* — *Months,* 4 *Days,*

Color, White

Married, ~~Single~~, *Widow* ~~or Widower~~, { Cross out the word not required in this line. } —

Occupation, Head of a family

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, A number of years

Place of Death, { Give street and Number. } 242 Druid Hill Ave

Cause of Death, First, (Primary,) Senile Catarrh

Second, (Immediate,) Shock

Duration of Last Sickness, 24 hours-

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 8th 1885

Undertaker, Joseph F Byrne

Place of Business, 849 Lib Ave *Address,*

Edward A. Mans M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 80699 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Salzwedel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single.

Occupation, Housekeeper.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hanover, Germany

Duration of Residence in the City of Baltimore, Twenty years.

Place of Death, {Give street and Number.} 131. S. Register St.

Cause of Death, First, (Primary,) ....

Second, (Immediate,) Broncho-pneumonia.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Jan 9th 1885

Undertaker, L. Ritz

Place of Business, 131 S. Broadway

A. V. Gosnell M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80700 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Stone

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years.* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co Md

Duration of Residence in the City of Baltimore, Years

Place of Death, {Give Street and Number.} Balto City. 199 W Lombard St

Cause of Death, First (Primary), Double Pneumonia

Second (Immediate), Heart Exhaustion

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, St Marys County by Steamboat

Date of Burial, Jan 8th 1885 J. E. Clapett M. D.

Undertaker, Ernest Schlosser Medical Attendant.

Place of Business, 181 Sharp *Address,* 76 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8070 / *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Hunter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 15 Vough St.

Cause of Death, First (Primary), Cerebral Apoplexy

Second (Immediate), ...

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 9 1885

Undertaker, Hughes Spence & Co.

Place of Business, 60 E. Baltimore St.

Jno. E. Emmitt M. D.
Medical Attendant.

Address, 99 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80702 *Office of Registrar of Vital Statistics.* Ward 69

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 8/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda B Bann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Yrs.

Place of Death, {Give Street and Number.} 59 Lombard

Cause of Death, First (Primary), General Dropsy

Second (Immediate), Old Age

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial, Baltm Cemetery

Date of Burial, Jan 12th 1885

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

G L Wilson M. D.
Medical Attendant.

Address, 77 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80703 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, 6th January 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary P. Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months,* 2 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 15 China St.

Cause of Death, First (Primary), Cyanosis

Second (Immediate), Exhaustion

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Lawrence Cemetery

Date of Burial, Jan 8 1885

Undertaker, E. McChase

Place of Business, 198 Howard St

L. D. Dyer M. D.
Medical Attendant.

Address, 146 Hull St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8070-A *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 7. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sherman Gilbert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* ~~—~~ *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 102 Jasper St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 9 1885

Undertaker, S. H. Chase

Place of Business, 198 Howard St

Geo. A. Fleming *M. D.*
Medical Attendant.

Address, Franklin & Green

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

11 11

Permit No. 80705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, House Maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} 90 Madison St.

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Asthenia

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jany 8 1885

Undertaker, Wm Chase

Place of Business, 198 Howard St

J W Donaldson M. D.
Medical Attendant.

Address 81 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, Only to Use of Diseases on ... this Certificate.

Health Department, City of Baltimore.

Permit No. 80706 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. A

Date of Death, January 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Mary Quinn

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 4 *Months.* 13 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 110 S. Stricker St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days —

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Jan. 8/84

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

W. R. McGinnis M.D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 80707 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 7: 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanni J. Acton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 1 *Days* 9

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} no 4 S. Calhoun

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} no 4 S. Calhoun

Cause of Death, First (Primary), Suddenly with

Second (Immediate), convulsions

Duration of Last Sickness, about 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Holle Cross cem. The

Date of Burial, January 8 / 85

Undertaker, I. Bloom

Place of Business, 707 W Baltimore st

W. A. Jones M. D.

Coroner ~~Medical Attendant.~~

Address, 326 Hollins st City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80708 *Office of Registrar of Vital Statistics.* Ward 14 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Statement

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* (7) seven *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} How Parish Al. (Bel-McHenry Pratt)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 4 Parish Al. (Bel-McHenry Pratt).

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, seven days.

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery

Date of Burial, Jan. 8' 1883

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. Address, 17 N Calhoun St

Truman T Hill M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80709 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Jordon Hart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimor. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 697 Lexington St.

Cause of death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemy

Date of Burial, Jany 9th 1885

Undertaker, Emm & Mitchell

Place of Business, 530 W Fayette St *Address,* 632 Lexington St

J. H. D. Jordan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80710 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida V. Brittingham

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Sommerset Co Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give Street and Number.} 173 Townsend St

Cause of Death, First (Primary), —

Second (Immediate), Consumption

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, January 9th 1885

Undertaker, Robert Mackey

Place of Business, No 150 Lancaster

R. C. Lee M. D.
Medical Attendant.

Address, Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8011 ; *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas F. Ellis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 105 S. Bond St.

Cause of Death, First (Primary). Croup

Second (Immediate).

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, Jany 8. 1887

Undertaker H. Stendler & Son

Place of Business, 252 Canton Ave *Address,*

E W Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8072 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Wedel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abnt 40 years

Place of Death, {Give street and Number.} 128 ℔ Bank

Cause of Death. First (Primary), Old age and Exhaustion

Second (Immediate),

Duration of Last Sickness, Abnt five years

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, January 9. 1885

Undertaker H. Gaddess & Son

Place of Business, 252 Canton Ave *Address,* 2 W Broadway

D. M. Cattell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80713 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

CERTIFICATE OF DEATH.

Date of Death, Jan. 7 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months.* 21 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Inanition.

Second (Immediate), Exhaustion

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan. 8 '94

Undertaker, Frank McVey

Place of Business, Sisson & Townsend

R. McG. Goldsmith M. D.
Medical Attendant.

Address, Baden av. Canton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 80714 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* —— *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. vincent's Infant Asylum

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan. 8/85

Undertaker, Frank Mc Veagh

Place of Business, Sisson & Townsend

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80715 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 8 1885

CERTIFICATE OF DEATH.

Date of Death, Jan 7 '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles C Bird

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 1 *Months,* 2 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 427 Monroe Market Space

Cause of Death, First (Primary), Spasms,

Second (Immediate), 4 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Jan 8 '85

Undertaker, Wm H Madden

Place of Business, 146 East St

Edward Stevens M. D.

~~Medical Attendant~~

Address, Camp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Ed C

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Jos B. Fitzpatrick Sanitary Inspector

Board of Health, City of Baltimore.

8 "

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80716

The Physician who attended any person in *s* last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR DEPARTMENT OF HEALTH
JAN 8 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, ~~Jan~~ Jan. 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas H Conway

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26 Lebaty Ave

Cause of Death, {First (Primary,) Tuberculosis
Second (Immediate,) Jaundice}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Friday Jan 9

W S Keater *M. D.*
Medical Attendant.

Undertaker, Mrs. Heack

Place of Business, 29 Asquith St *Address* Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80717 *Office of Registrar of Vital Statistics.* Ward 14 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Sadie Hughes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Two Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan'y 8

Undertaker, G. H. Bladon

Place of Business, 201 [illegible]

F. A. Ashby M. D.,
Medical Attendant.

Address, 318 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 80718 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Garrett B Davids

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* 9 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 22-25 Years

Place of Death, {Give Street and Number.} 399 Park Ave

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Coma

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jany 9th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

C. H. Keech M. D.
Medical Attendant.

Address, 55 N° Green St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80719 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 7, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Graves

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* ——— *Months,* 7 *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 64 Sharp St

Cause of Death, First (Primary), Epilepsy & Alcoholic Gastritis

Second (Immediate), Heart Disease

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 9th 1884

Undertaker, W. H. Bishop & Co

Place of Business, 97 Druid Hill Ave

Geo. A. Fleming M. D.
Medical Attendant.

Address, Park Ave & Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80720 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Schuel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 9 Months *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 365½ Orleans St

Cause of Death, First (Primary), Exhaustion from Vomiting during

Second (Immediate) convalescence from Diphtheria

Duration of Last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 8/85

Undertaker Wm S. Frey

Place of Business, 81 W Pratt Address, 217 Bmly

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 8072 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday January 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie R. Bailey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Two (2) *Years,* Two *2 Months,* Twenty five (25) *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 231 Edmondson Avenue

Cause of Death, First, (Primary.) Dentition with Gastric Disorder

Second, (Immediate,) Convulsions

Duration of Last Sickness, Twelve hours with convulsions

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 9th 1885

Undertaker, Chas Keyser

Place of Business, [illegible]

Nath'l V Wright M. D.,
Medical Attendant.

Address, 221 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80722 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannah E. Pennington

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 32 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 502 E. Chase st

Cause of Death, First, (Primary,) Confinement

Second, (Immediate,) Puerperal Peritonitis

Duration of Last Sickness, 6 days I was attended by Dr Wade

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 11th 1885

James Ebbutt Ford M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 411 N. Gay st Address 198 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Returns Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80723

Office of Registrar of Vital Statistics. 19 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 8 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Diggs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 48 Yrs

Place of Death, {Give street and number.} 66 North St

Cause of Death, First, (Primary.) Pulmonary Disease of Heart

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, Jan 9th 12

Undertaker, Geo. Rinehart

Place of Business, Forest Place

E H Kuhlert M.D.,
Medical Attendant.

Address, 68 Aisquith St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Disinterred & taken to Piney Grove Balto Co 35240 Transit

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80724

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 7 — 85 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter McIntyre

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 6 *Months,* 3 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Scotch Fender N C R R

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland 37 Yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} North Street near Center

Cause of Death, First, (Primary.) Concussion of Brain and

Second, (Immediate.) General Stroke

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 10/85

Undertaker, Chas. L. Scriven

Place of Business, 271 N. Eutaw St

E Hall Rutledge M.D.,
Medical Attendant.

Address, 108 Aisquith St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80725 *Office of Registrar of Vital Statistics.* Ward 18 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 8 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. E. Schaffer Emma Schaffer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 0 Months, 3 weeks Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 250 Columbia ave

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 9 1885

Undertaker, Andrew Kinell

Place of Business, 206 Columbia *Address,* 307 W. Lanvale St

D. L. Lein *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80726

Office of Registrar of Vital Statistics. 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 8. January 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heinrich Ritter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 Years, 4 Months, 22 Days.

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 223 S. Wolf str.

Cause of Death, First, (Primary.) Dentitis difficilis

Second, (Immediate.) Congestiones ad ~~capacity~~ congestion Brain.

Duration of Last Sickness, three weeks.

All the above information should be furnished by the Physician.

Place of Burial, 5th Reformt Cemtry.

Date of Burial, Jany 10th 1885

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Anne

Rob. Antrop, M.D.,
Medical Attendant.

Address, 121 N. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80727 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 7/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Etchberger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* ..... *Months.* ..... *Days*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give Street and Number.} 17 Eough St.

Cause of Death, First (Primary), ...

Second (Immediate), Softening of the Brain

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Jan. 9/85

Undertaker, Wm. A. Saiper

Place of Business, 714 S. Eden

R. W. Mansfield *M. D.*
Medical Attendant.

Address, 52 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80728 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 9 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday Jan 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Hadley Clark

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 12 *Years,* 3 *Months,* —— *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and Number.} 171 Chesapeck St

Cause of Death, First (Primary), Malaria Duodenitis

Second (Immediate), Typhoid

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 10. 1885

Undertaker M. A. Dwyer

Place of Business, 74 S. Broadway

J. E. Pinchard M. D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on page 3 of this Certificate.

Board of Health, City of Baltimore.

Permit No. 80729

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan ~~Dec~~ 8th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie W. Stone

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not requtred in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 135 W. Fayette St Asthma Pulmonale's

Cause of Death, First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness, about 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 10 1885

Undertaker, L. I. Andrews

Place of Business, Penna Ave

N. F. Kunes M.D.,
Medical Attendant.

Address, 143 N Chas St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80730 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 9 1885

CERTIFICATE OF DEATH.

Date of Death, January 8th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Daniel Gilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 9 *Months,* 27 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 317 E Monument St

Cause of Death, First (Primary). Obstruction of bowels

Second (Immediate).

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 10th

Undertaker Geo Schilling

Place of Business,

R W Cathell M. D.
Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to the Rules and Regulations on the reverse side.

Health Department, City of Baltimore.

Permit No. 80731 *Office of Registrar of Vital Statistics.* Ward 16 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Kate Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* 7 *Months,* 8 *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 215 Lee

Cause of Death, First (Primary),

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, 6 hours

All the above Information should be furnished by the Physician.

Place of Burial, Met Olivet Cem

Date of Burial, January 10th 1885

Undertaker, Wm J. Pickner

Place of Business, 65 S. Eutaw St

Jno D Blake M. D.
Medical Attendant.

Address, 108 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80732 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Caroline Esden

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 69. *Years,* ..... *Months,* ..... *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 405 N. Stricker St

Cause of Death, First (Primary), ...

Second (Immediate), Apoplexy

Duration of Last Sickness, about 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Jan 9-86

Undertaker, Denny & Mitchell

Place of Business, 55 W Fayette St *Address,* 582 N. Eutaw

W R McKim M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
JAN 9 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 8— 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Williams Bachmann Burchmann

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Gardner

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 100 Caution ave

Cause of Death, First, (Primary,) Suffocation from Illuminating Gas (Accidental)

~~Second, (Immediate,)~~

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 10

E Hall Rullison M. D.
Medical Attendant.

Undertaker, Leonhardt & Riggs

Place of Business, 17 E Baltimore

Address, 18 ave Point St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore. 13

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80734

The Physician who attended my person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 8. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerome Franklin Jones

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 34 Vine St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 34 Vine St

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,)

Duration of last Sickness, a few Minutes

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 9 1885

Undertaker, S M Chase

Place of Business, 193 Howard St

Eugene F Hodell M. D.
Medical Attendant.

Address, 125 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88735 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Jan. 8th, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sam. J. Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months.* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stevedore

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New London Conn.

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give Street and Number.} 103 Hamburg St

Cause of Death, First (Primary),

Second (Immediate), Valvular disease of the Heart.

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, January 10

Undertaker, B. Wade

Place of Business, 42 West St

Robert S. Rowe M. D.
Medical Attendant.

Address, 333 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80736 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brant

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 272 Battery av

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, January 10

Undertaker, B. Hoult

Place of Business, 82 West Pratt

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80737 *Office of Registrar of Vital Statistics.* 1885 Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jenny - Daisey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* ——— *Months.* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, B & O R R.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 Yrs

Place of Death, {Give Street and Number.} Off Piers 8 Locust Point

Cause of Death, First (Primary), Accidental, Drowned

Second (Immediate), "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 10th 1885

Undertaker, Daniel Glynn

Place of Business, 109 West 9th

Lt. Bell M. D.

Medical Attendant.

Coroner, So Dist

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80738 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 4th. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Phillips.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 93 Ohnia St. {Uterine Hemorrhage & Hemiplegia}

Cause of Death, First (Primary), Chronic Cough

Second (Immediate), Old Age

Duration of Last Sickness, About one Year

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, Jan 9th 1885

Undertaker, F. A. Hoffheimer

Place of Business, Arlington Ave *Address,* Southern Dispensary

John R. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80739 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Nicolas Reignolds

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Dyer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cunty Irlande

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, {Give street and Number.} Inst. Little Sisters Poor

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy cross cem

Date of Burial, Jan 11 9

Undertaker W. Blottkamp

Place of Business, 253 E. Lombard st *Address,*

Jno. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 80740 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Patterson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 6 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 96 South St

Cause of Death, First (Primary), [illegible]

Second (Immediate), Bronchitis

Duration of Last Sickness, 5 days Mother

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Dec. 9. 1885

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave *Address,* [illegible]

J. J. Roth, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80741

Office of Registrar of Vital Statistics,

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 5 1885

BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 6 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Cruhardt

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housekeeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 27 Camden St.

Cause of Death, First, (Primary.) Hypertrophy of Heart

Second, (Immediate.) Congestion of Lungs

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetri

Date of Burial, January 9th 1885 J. W. Scarff *M.D.,*

Medical Attendant.

Undertaker, John Herwig

Place of Business, 382 Orleans St *Address,* 77 Centre St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 9 1885

CERTIFICATE OF DEATH.

Date of Death, Jan. 8, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Irvine

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty one 21 *Years,* ..... *Months,* ..... *Days.*

Color, Colored *Sex,* ✓

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince George's County Md.

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 64 Sarah Ann St.

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,) .....

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, January 9 1885

W. H. Thompson, M. D.
Medical Attendant.

Undertaker, Fer Euler Son

Place of Business, 95 Con Wayst *Address* 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Annexed Rules, and to List of Diseases on Page 2, this Certificate.

Board of Health, City of Baltimore,

Permit No. 80743 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Lomax

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 40 — *Years,* *Months,* *Days,*

Color, Colored —

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Wood Piler —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge Md. U.S. —

Duration of Residence in the City of Baltimore, 20 yrs —

Place of Death, {Give street and Number.} 211 Hughes St —

Cause of Death, First, (Primary,) Phthisis (Pul.)

Second, (Immediate,) Exhaustion —

Duration of Last Sickness, 15 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, January 7 1885

Undertaker, Chas Culp Ross

Place of Business, 95 Con Wayst

Lewis Lamb M. D.,
Medical Attendant.

Address, 220 Montgomery St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 8074 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milly Fatman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Most

Place of Death, {Give Street and Number.} 99 Church St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthma

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, January 9 1885

Undertaker, Chas Culv Ross

Place of Business, 95 Conn Ave

U S Boze M. D.
Medical Attendant.

Address, 216 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80745 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant not yet named Mothers name Martha Dorsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* Four *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 13 Upton St. Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 13 Upton St. Balto.

Cause of Death, First (Primary), Umbilical Hemorrhage

Second (Immediate), "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 9th 1885

Undertaker Wm N. Dugel

Place of Business, No 62 East St

Silas Baldwin M. D.
Medical Attendant.

Address, 132 Lemmon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3h 45m A. M. 8th January, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Ellen Roberts

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 22 *Years,* 3 *Months,* 20 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Chambermaid

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot County - Maryland

Duration of Residence in the City of Baltimore, abt 12 years

Place of Death, {Give street and number} 85 Druid Hill avenue - Balto

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) 4 c

Duration of last Sickness, about 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 9th 1885

Undertaker, Wm M. Cooper

Place of Business, 41-43 East St

Wm J. Woods M. D.
Medical Attendant.

Address, 236 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80747 *Office of Registrar of Vital Statistics.* Ward 17 9

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml J. Ross

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 381 Light St

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Balto, Centre

Date of Burial, June 10/85

Undertaker, Cunningham Co

Place of Business, 262 E. Pratt

Edward Coates M. D.
Medical Attendant.

Address, 416 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 2074 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8" 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Landers {Mothers name

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~~ *Years,* ~~~~ *Months,* 2 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 103 Chestnut St.

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E Balto Cemetery

Date of Burial, Jan 9" 85

Undertaker, Leo Reinhart

Place of Business, City Hall

James H Lamar M. D.
~~Medical Attendant.~~
Coroners P R

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Jas C. Fitzpatrick Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80749 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James K. P. Rankin

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* ..... *Months.* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 161 Bank St

Cause of Death, First (Primary), ...

Second (Immediate), Dropsy

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Jan 11th 85

Undertaker, C. France

Place of Business, Bank & Wolfe Sts *Address,* 207 S. Broadway

Nicholas T. Dashiell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80750 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 7th 1865

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Strauch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 54 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give Street and Number.} 10 1/2 E. Wayne St

Cause of Death, First (Primary), Dysentery

Second (Immediate), Debility

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Jan. 10th 65

Undertaker, G. France

Place of Business, Bantz & Wolfe St *Address,* 212 Butler

D. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8075 / *Office of Registrar of Vital Statistics.* Ward 19 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Virginia January

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, W hite

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 169 Fremont St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, January 10

Undertaker, Walter Immel

Place of Business, 315 W. Biddle *Address,*

J. Rickert *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, [illegible]

Health Department, City of Baltimore.

Permit No. 80752 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos J. Woods

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 28 Jackson St

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 5 or 6 years

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cem

Date of Burial, Saturday Jan 10 1885

Undertaker, Henry McGinnis

Place of Business, 3 N Central Av

Chas L. Siebrand M. D.
Medical Attendant.

Address, 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80753 *Office of Registrar of Vital Statistics.* Ward 7 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, January 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Poisal

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* ..... *Months.* ..... *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about seventy years

Place of Death, {Give Street and Number.} No. 324 East Madison St

Cause of Death, First (Primary), Weak lungs.

Second (Immediate), Pneumonia

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Hedgesville W. Va

Date of Burial, Jan 10 th

Undertaker, H. C. Wiedefeld

Place of Business, 9a Gaunmount Ave Address, 138 N Eutaw

Milton A Latimer, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3541 Fraser [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Reverse Side.

Board of Health, City of Baltimore,

Permit No. 80754. *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Jany 8th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah M. Courtenay

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days,*

Color, white

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 202 Franklin St.

Cause of Death, First (Primary), Erysipelas

Second (Immediate), Exhaustion of old age

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, January 10th 1885

Undertaker Wm O'Weaver

Place of Business, No 202 N. Eutaw St. *Address,* 188 Franklin

J. H. Keller, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80753 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella R. Emerson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color,

Married, ~~*Single, Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 26 8½ W. Fayette St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, About two years,

the above information should be furnished by the Physician.

Place of Burial, Hillsboro Caroline Co Md

Date of Burial, Jan. 10th 1895

Undertaker L. Lewis Schaefer

Place of Business, 1096 Fremont *Address,* 2 Cathedral St

F. Donnell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

3624 2 Jn

The Special Attention of Physicians is Respectfully Invited to the Memoranda Below, and to List of Diseases on Back of this Sheet.

Board of Health, City of Baltimore,

Permit No. 80756 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 9 1885

CERTIFICATE OF DEATH.

Date of Death, Jany 8. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Young

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 — *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, Boiler Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Thirty five years

Place of Death, {Give street and Number.} 121 S Streeter

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Prostration

Duration of Last Sickness, Seven Months

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Jan. 11/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto

B. F. Phillips M. D.,
Medical Attendant.

Address, 311 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 80759 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza A. Davis.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* 2 *Months,* 28 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 304 W. Lombard St

Cause of Death, First (Primary),

Second (Immediate), Cancer of the Uterus.

Duration of Last Sickness, Six (6) months.

the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan. 10/85

Undertaker J. B. Cook

Place of Business, 207 W. Balto. St. *Address,* 1122 Greene St

Louis W. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80758 *Office of Registrar of Vital Statistics.* Ward 9 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tobias H. Kephner

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 47 *Years,* 4 *Months,* 13 *Days*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, Commission Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Abbottstown - Penna.

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 94 N. Charles St.

Cause of Death, First (Primary), Suppression of Fronto-Nasal Catarrh by a Specialist

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 10 1885

Undertaker, John F. Mackey

Place of Business, 150 Eastern

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan: 8th. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ann Powell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 10 *Months,* *Days.*

Color, Coloured

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Carrol Co.

Duration of Residence in the City of Baltimore, 10 - 12 years

Place of Death, {Give street and number.} 10 Bolton alley

Cause of Death, First (Primary,) Rheumatic Endocarditis resulting in Stenosis of mitral orifice & incompetency of mitral valve

Second (Immediate,) Cardiac failure

Duration of Last Sickness, ——— unknown ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 10/1885

Undertaker, Alex Hemsley

Place of Business,

Rich'd Henry Thomas, M. D.
Medical Attendant.

Address 217 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Special Attention of [illegible] invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80760 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Greer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* 10 *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 26 Randall St

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 11

Undertaker, B. Hall

Place of Business, 82 West St. *Address,* 110 Fortland

C. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicia[illegible] Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80761 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 9. 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pearl Kemp

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months.* 10 *Days*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 415 McHenry St.

Cause of Death, First (Primary), Malignant Scarlet fever

Second (Immediate), Convulsions,

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Jan. 10/83

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 837 N. Chas St.

J. R. Wilson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians ... Schedule below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80764 *Office of Registrar of Vital Statistics.* Ward 12 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 9 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Abner Mudge Knox

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 7 *Years,* 3 *Months,* 3 *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 135 Bolton

Cause of Death, First, (Primary,) Peritonitis Tubercular

Second, (Immediate,) Asthenia

Duration of Last Sickness, nine days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jan 11th 1885

Undertaker, Henry Entwisle & Son

Place of Business, [illegible] *Address,*

F. L. Chatard M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 80763

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore, 18

Permit No. 80763 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday, January 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelia Foy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* ——— 11 *Days.*

Color, Black

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 14 Mulberry Court, Baltimore City

Duration of Residence in the City of Baltimore, 11 days.

Place of Death, {Give street and Number.} 14 Mulberry Court. City

Cause of Death, First (Primary), Inanition

Second (Immediate), Inanition

Duration of Last Sickness, 11 days

the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 10th 1885

Undertaker Wm. H. Case

Place of Business, 142 S. Howard St.

F. B. Micka *M. D.*
Medical Attendant.

Address, Homeopathic Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80764 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa M. Schultz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 1st *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and Number.} 498 Lexington St

Cause of Death, First (Primary), Dentition, Catarrhal Fever;

Second (Immediate), Convulsions.

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, Jan 11 the

Undertaker Andrew Rohde

Place of Business, 48 Penna ave

Edw. L. Flood M. D.
Medical Attendant.

Address, 295 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians ... to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80765 — *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 10 1885 BALTIMORE MD.

Date of Death, Jan. 8/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wittich

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 24 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 110 n Bethel st.

Cause of Death, First (Primary),

Second (Immediate), Membranous bronch

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cem.

Date of Burial, 10 of January 1885

Undertaker, Henry Stellmann

Place of Business, 63 N. Eden St.

R M Mansfield M. D.
Medical Attendant.

Address, 502 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physi... ...to the Remarks ... List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80766 *Office of Registrar of Vital Statistics.* Ward 6 & 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 18...

CERTIFICATE OF DEATH.

Date of Death, Jan. 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Michael Ritter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* ... *Months.* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} #17 ½ N. Chapel St.

Cause of Death, First (Primary), Remitting Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cem

Date of Burial, Jan 11th 10

Undertaker, W Blatchamp

Place of Business, 532 Lombard St

E. P. Ivers M. D.
Medical Attendant.

Address, 375 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80767 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Conn. aged

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, Sixty-one *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No. 550 Hanford ave

Cause of Death, First (Primary), Catarrh of bowels & kidneys.

Second (Immediate), Exhaustion from Diarrhoeal Discharge

Duration of Last Sickness, About five weeks

the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jan 12th

Undertaker George Schilling

Place of Business, —

Chas. R. Elwell, M. D.
Medical Attendant.

Address, No. 559 Hanford ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of [illegible] Disease [illegible] of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 9th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frances N Howard

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 4 *Months,* ... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Nursery & Child's Hospital

Cause of Death, { First (Primary,) Marasmus. — Second (Immediate,) ...

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 10

C. F. Brune M. D.
Medical Attendant.

Undertaker, G H Blizzard

Place of Business, [illegible] *Address* ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Phy... ...Remar... ...to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80769 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 9 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 2 Winter. Lt.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 11th 1885

Undertaker, H. Ross

Place of Business, ——

C. S. Barge M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Phy... ...Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80770 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma E Rosenwick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, XXX

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 149 S Arena St

Cause of Death, First (Primary), Marasmus

Second (Immediate), ...

Duration of Last Sickness, Over one Year

All the above information should be furnished by the Physician.

Place of Burial, Pagan Cemetery

Date of Burial, January 11, 1885

Undertaker, L. Sanders, Son

Place of Business, 252 Canton

Samuel O. Linville M. D. Medical Attendant.

Address, 299 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80771 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 10 1885 BALTIMORE, MD.

Date of Death, January 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Porter Cook

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} State of Connecticut

Duration of Residence in the City of Baltimore, about twenty two years

Place of Death, {Give Street and Number.} 89 East Pratt Street

Cause of Death, First (Primary), Brights disease

Second (Immediate), cardiac dilatation

Duration of Last Sickness, about 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jan 10th 1885

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Milton A Taylor M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 8077 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 9th January 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } W. H. Knighten
William.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 80 *Years,* 5 *Months,* 11 *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation Retired Grocer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } N. Eutaw St near Hoffman

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness, Few days

the above info mation should be furnished by the Physician.

Place of Burial, W. E. Monument Cem

Date of Burial, Jan 12th 85

Undertaker Hargest and Bro

Place of Business, Park & Saratoga St

J. Duvall M. D.
Medical Attendant.

Address 107 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Phy[illegible] remarks below, — to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80773 *Office of Registrar of Vital Statistics.* Ward 3 a 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 10 1885

CERTIFICATE OF DEATH.

Date of Death, 8th January 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Annie Louisa Davis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months.* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 205 E. Pratt St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Acute Congestion of Lungs

Duration of Last Sickness, Three Years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 11th 1885

Undertaker, Lemmy & Mitchell

Place of Business, 66 S. Broadway Address, 3 N. Eutaw St.

B. F. Leonard M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

80774

Missing

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the [illegible]

Health Department, City of Baltimore.

Permit No. 80775 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 10 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Henrie Vivian

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* 0 *Months,* 0 *Days*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give Street and Number.} 467 North Mount St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Pneumonia and Oedema Pulmonum.

Duration of Last Sickness, {I can not say as I was called in only two days before death. Previous physician [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jany. 10/85

Undertaker, W. A. Sauer

Place of Business, 74 S. Bdwy.

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80776 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Callahan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 10 *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Storekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 6th one & Richardson Sts

Cause of Death,
First (Primary),
Second (Immediate), Excessive use Alcoholic Stimulants

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jany 10/85

Undertaker, M. C. Sayer

Place of Business, Depot

Theodore Cox M. D.
Medical Attendant.

Address, 446 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the [illegible] of this Certificate.

Health Department, City of Baltimore.

Permit No. 80777 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Sullivan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months.* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore. —

Place of Death, {Give Street and Number.} 142 Hollins

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Jan 10/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 283 W. Lombard

Edw F. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of [illegible] of this Certificate.

Health Department, City of Baltimore.

Permit No. 80778 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Virginia Reiter

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* 17 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} 163 E. Wolfe St.

Cause of Death, First (Primary), [illegible]

Second (Immediate), Diphtheria

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cem.

Date of Burial, Jan 11th 1885

Undertaker, L. Ritz

Place of Business, 131 S. Broadway.

Nicholas E. Dallam M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited [illegible]

Health Department, City of Baltimore.

Permit No. 80779 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Tilghman Tilghman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* ... *Months,* ... *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 198 Chestnut St

Cause of Death, First (Primary), Pthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 10th 1885.

Undertaker, Wm. H. Dunger

Place of Business, 1362 East St

W. Wells M. D.
Medical Attendant.

Address, 149 N Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80780 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 9 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Elizabeth Butts

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 0 *Years,* 1 2 *Months,* 16 *Days*

Color, wht

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 60 E Eutaw st

Cause of Death, First (Primary), meningitis

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, January 11 1885

Undertaker, Nathan Tarbert

Place of Business, 227 Madison St

G Lane Tanyhill M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80781 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Bracken

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 3 *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 269 McDonogh St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, January 11th 1885

Undertaker, Chas S. Butler

Place of Business, #132 N. Gaurdine St

W. W. White, M. D.
Medical Attendant.

Address, 347 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80782 — *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Christian

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 196 E. Balto st

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Blood Poison

Duration of Last Sickness, 26 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 10 1885

Undertaker, Chas Bossemeyer

Place of Business, 196 E. Baltimore St *Address,* 13 Exeter St

F. Ford, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible] Certificate

Board of Health, City of Baltimore.

Permit No. 80783 *Office of Registray of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPT. JAN 10 1885

CERTIFICATE OF DEATH

Date of Death, Jan 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 months *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Balt Co.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} #7 Brewers Alley

Cause of Death, First (Primary), Congenital Syphilis

Second (Immediate), Inanition

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Jan 11/1885

Undertaker J. A. Kerchner

Place of Business, ...

M. E. English M. D.
Medical Attendant.

Address, Woman's Med Col 126 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of ... Certificate.

Board of Health, City of Baltimore,

Permit No. 80784 *Office of Registrar of Vital Statistics.* Ward 11 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany. 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named give names of parents.} Sophia Dunnock

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, About 75 *Years,* *Months,* *Days,*

Colored

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge, Md.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} 98½ St. Mary St.

Cause of Death, First (Primary), Femoral Hernia

Second (Immediate) Peritonitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Dorchester Co

Date of Burial, Jan 10 1885

Undertaker W W Madden

Place of Business, 46 East Pr

Henry Chandlee M. D.
Medical Attendant.

Address, 181 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3524 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80785 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 10 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 8- 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emeline Christian

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, C

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and Number.} #2 Alley between Madison Av & McCulloh st, near

Cause of Death, First (Primary),

Second (Immediate). Paralysis 2 Only seen by me 1½ hrs before death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan: 11- 1885

Undertaker W W Maddux

Place of Business, 76 East St

R. Winslow *M. D.*

~~Medical Attendant.~~

Address, 201 N Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80786 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 8 January 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Howard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Whitewasher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} 16 Booth st.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), don't Know

Duration of Last Sickness, only attended, two days

All the above information should be furnished by the Physician.

Place of Burial Brooklyn Anne Arundel Co

Date of Burial, Jan 10th 1885

Undertaker Wm N. Dunges

Place of Business, No 62 East st

John Hood M. D.
Medical Attendant.

Address, 574 W. Fay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible] Certificate.

Health Department, City of Baltimore.

Permit No. 8078 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. JAN 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Hill

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 14 Browns Lane

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Acute albuminuria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Eastern Cem'y

Date of Burial, January 11th

Undertaker, John H. Charles

Place of Business, 66 Frederick ave

James Bosley M. D.
Medical Attendant.

Address, 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited [illegible]

Health Department, City of Baltimore.

Permit No. 80788 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 11 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10, 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane R. Bain

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 16 Calverton Rd

Cause of Death, First (Primary), Rheumatism

Second (Immediate),

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 14th Jan: 95

Undertaker, Geo P Pauline

Place of Business, 66 Frederick Ave

J. S. Linthicum M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80789 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 4th, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Thomas Philbin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* 10 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 49 Edmondson Av

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Monday, Jan 12, 1885

Undertaker, Henry H. Gunnie

Place of Business, 5 N Central Ave

E Brilmayer M.D.
Medical Attendant.

Address, 33 Edmondson Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of ... Certificate

Board of Health, City of Baltimore,

Permit No. 80799 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 11 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Frizello

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* *Months.* *Days,*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Boarding House

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick County Md

Duration of Residence in the City of Baltimore, About 43 years

Place of Death. {Give street and Number.} 246 Fayette

Cause of Death. First (Primary),

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Jany 11th

Undertaker F. M. Stroll

Place of Business, 131 Hanover St

C. P. Hoffman M. D.
Medical Attendant.

Address, 279 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible] Certificate.

Health Department, City of Baltimore.

Permit No. 8079 / *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 9th January 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Browner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 8 Months, 19 Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 150. York St

Cause of Death, First (Primary), Tubercular – Meningitis

Second (Immediate), Convulsion et Exhaustion

Duration of Last Sickness, 8. days

All the above information should be furnished by the Physician.

Place of Burial, Church Home

Date of Burial, Jany 10 1885

Undertaker, C. M. Watkins

Place of Business, 221 Hanover *Address,* 146. Hill St.

L. E. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80792 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 10 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj L. Flannigan
Benj Flannigan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 17 Marshall Ave

Cause of Death, First (Primary),

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 11

Undertaker, B. Wade

Place of Business, 82 West St.

Thomas Lerta M. D.
Medical Attendant.

Address, 146 Ramsay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80793 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 11 1885 BALTIMOR

CERTIFICATE OF DEATH.

Date of Death, January 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian F. Feick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months.* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 25 Somerset St

Cause of Death, First (Primary), Acute Meningitis

Second (Immediate), Coma

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetary

Date of Burial, January 11th 1885

Undertaker, Dieterick Wiegand

Place of Business, 166 Druid Hill Ave

Wm. E. Fleet M. D.
Medical Attendant.

Address 1st Regt Infantry Maryland

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate

Board of Health, City of Baltimore,

Permit No. 80794 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hamilton J. Scott
Scott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, light *Years,* nine *Months,* ob *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 45 Robert St.

Cause of Death, First (Primary), Malignant scarlet fever

Second (Immediate), "

Duration of Last Sickness, about thirty hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 11th 1895

Undertaker John J Andrews

Place of Business, No 4 & 6 2nd Ave *Address,* 152 Townsend St

Silas Baldwin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80795 — *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Schlinger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 Years, 9 Months, 15 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

~~Duration of~~ Residence in the City of Baltimore, all the time

Place of Death, {Give Street and Number.} 851 W. Pratt St

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate),

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 12th "

Undertaker, John H Ries

Place of Business, 858 W. Pratt St

Louis Chas Horn M. D.
per August Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited ... rtificate.

Health Department, City of Baltimore.

Permit No. 80796 *Office of Registrar of Vital Statistics.* Ward 6 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 11 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea S. Hickman

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ..... 4 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, nil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ofcolmine

Place of Death, {Give Street and Number.} 277 N. Amer

Cause of Death, First (Primary), Inanes Enteritis

Second (Immediate), asthenia in

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 12. 1884

Undertaker, Wm. H. Hickman

Place of Business, 234 W. Gay St. *Address,* 169 N. Exeter

L. Shultz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80797 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 12 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca V Hewlett

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 207 N. Fanvale St.

Cause of ~~*Death*~~*,* First (Primary), Whooping Cough

Second (Immediate),

Duration of Last Sickness, Abt two weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Decb 12

Undertaker, J H Chalmers

Place of Business, 40 Wilson St *Address,* 257 Mad Ave

J. H. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

Health Department, City of Baltimore.

Permit No. 80798 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1895 BALTIMORE

Date of Death, Jan 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. Holton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give Street and Number.} 320 Druid St.

Cause of Death, First (Primary), Spasms

Second (Immediate), Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Church Home

Date of Burial, Jan 12th 95

Undertaker, Wm H Perkins

Place of Business, 221 Hanover St

C. L. Price M. D.
Medical Attendant.

Address, 9 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the [illegible] Certificate.

Health Department, City of Baltimore.

Permit No. 80799 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 11, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles W Ohlsloger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 108 Fred'k ave

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, January 12th

Undertaker, John R Bailus

Place of Business, 66 Frederick ave *Address,* 219 Hollins

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80800 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 12 1895 BALTIMORE, MD.

CERTIFICATE OF DEATH.

C

Date of Death, Jany 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfort A Durham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Kept. Boarding House

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Eastern Ave No 187

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Shanpot Cemetery

Date of Burial, Jan 12 1895

Undertaker, Alex Hendry

Place of Business, 116 Orchard St. *Address.* N E Cor Gough & E.

John A Schulte M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80801 *Office of Registrar of Vital Statistics.* Ward 7/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
JAN 12 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jany. 10 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizth Hübner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 7 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 329 N. Dallas st.

Cause of Death, First (Primary), Acute bronchitis

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 weeks

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan'y 13th 1885

Undertaker Adam Fink

Place of Business, 461 N. Gay St

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

9

Permit No. 80804

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessy Fuld

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 57 Hanover St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) 3 Wks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hill Point H. Cemetery

Date of Burial, January 12

C. J. Mahon M. D.
Medical Attendant.

Undertaker, H. Filau

Place of Business, 101 Eought St *Address* 136 N Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80803 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, January 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melchert Bonnehand

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 69 *Years,* 7 *Months.* *Days*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Longshoreman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give Street and Number.} 646 N Gay St

Cause of Death, First (Primary), Organic Breathing Disease

Second (Immediate), Pleuro Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, January 14 1885

Undertaker, Wm J Tickner

Place of Business, 65 S Eutaw St *Address,* 1 [illegible]

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80804 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 12 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jany 11. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Kenney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color, White

Married, ~~Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New Orleans La

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give Street and Number.} Aged Woman's Home

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate),

Duration of Last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cem

Date of Burial, Jan 12th

Undertaker, Heiskell Carter Bro

Place of Business, Park Lanvale

H. M. Nisser M. D.
Medical Attendant.

Address, 25, Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully ... Certificate.

Health Department, City of Baltimore.

Permit No. 80805 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Doyle

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.} Male

Age, 75 *Years,* —— *Months,* —— *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 55 Block St,

Cause of Death, First (Primary), Blow on head from ~~falling~~ on the icy pavement

Second (Immediate), Cerebral Hemorhage. Coma

Duration of Last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Jan. 12

Undertaker, Wendelin Dill

Place of Business, S. Bond St. 13

Jno. S. Lynch M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80806 *Office of Registrar of Vital Statistics.* Ward 1 CI

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 10 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Betzenhauser

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} 26 East Alley Fort alley

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cem

Date of Burial, Jan 13th

Undertaker, W B Lotterman

Place of Business, 253 E Lombard St *Address,* 245 E Lombard

F Tuttle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8080 *Office of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 12 1884

CERTIFICATE OF DEATH.

Date of Death, Jany 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Platt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* 11 *Months.* 3 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 43 S. Poppleton St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 13

Undertaker, F B Cook

Place of Business, 707 W Baltimore St

John Nett M. D.
Medical Attendant.

Address, 108 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 80808

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 12 1885 BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 11. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Fuller Crane

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Gentleman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, {Give street and number} 235 N. Eutaw St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Heart failure

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, January 13th 85

Undertaker, STEWART & MOWEN. UNDERTAKERS,

Place of Business, 35 Park Ave.

Alfred Wanstall, M. D.
Medical Attendant.

Address, 228 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Memorial Blank, [illegible] Certificate.

Board of Health, City of Baltimore,

Permit No. 80809 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH JAN 18 1888 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 10 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. Scott Dugan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and Number.} 238 Lindsay Ave

Cause of Death, First, (Primary,) Malignant Sarcoma

Second, (Immediate,) Hemorrhage, Exhaustion

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, January 12th 1888

[illegible] M. D.,
Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS, 35 Penna Ave.

Place of Business,

Address, 1211 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 8[illegible]

Board of Health, City of Baltimore,

Permit No. 80810 *Office of Registrar of Vital Statistics.* Ward 14[illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 12 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 1. 11. 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hesta Ann Reckert

Sex, Male or Female, {Cross out the word not required in this line.} Reckert

Age, 42 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Dressmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 2165 Guyer St

Cause of Death, First, (Primary,) Congestion of

Second, (Immediate,) Brain

Duration of Last Sickness, few days

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Jan 13th 1885

Undertaker, John S Machen

Place of Business, No 150 Lombard

W. H. Eastman M. D.,
Medical Attendant.

Address, 324 Hill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate, as far as the same can be ascertained, the full name, sex, age and condition (whether married or [illegible]) the cause and date of death, except in cases of births and death[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Use of Blanks on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80811 *Office of Registrar of Vital Statistics.* Ward 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 10 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm S. Chambers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Druggist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 377 Hamburg St

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, January 12th 1885

Undertaker, John S. Mackey

Place of Business, 16 150 Camden St

Wm D Blake M. D.
Medical Attendant.

Address, 157 Pacca

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to those on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80812 *Office of Registrar of Vital Statistics.* Ward 17"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan 11" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorentz Mauer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 82 *Years,* 5 *Months,* *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 308 William St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 13th 1885

Undertaker, John Henry

Place of Business, 382 Orleans St *Address,* 110 Forest Ave

O. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No 8813 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 10, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Donnelly

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* 9 *Months,* 4 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 33 S Arlington Ave

Cause of Death, First (Primary), Scarlet Fever (Malignant)

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Jan 12/85

Undertaker, L Hauer

Place of Business, 317 Mulberry St

James T Bosley M. D.
Medical Attendant.

Address, 319 Hollins Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and e and date of death.

[over.]

14

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80814 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Bullinger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 1 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Furniture maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 81 Lemon Alley

Cause of Death, First (Primary), Morbus Brightii

Second (Immediate), Uraemia.

Duration of Last Sickness, 10 months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 13th/85

Undertaker, Lawrence Haus

Place of Business, 317 Mulberry St *Address,* 170 S. Sharp St

Wm Gambrill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 9

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 80815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY REGISTRAR'S OFFICE JAN 12 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 11 — "86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. A. McComas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, Wht. *Sex,* M

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lumber Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Batto. Md.

Duration of Residence in the City of Baltimore, Entire life

Place of Death, {Give street and number.} City Hospital

Cause of Death, First (Primary,) Fract. of base of skull

Second (Immediate,) Pressure on brain from blood clot

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Alex. Hill M. D.

Date of Burial, Jany 14th/86 Medical Attendant.

Undertaker, John H. McCoy *Address* Coroner Cent. Dis

Place of Business, 22 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...ertificate.

Board of Health, City of Baltimore,

Permit No. 80816 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Barnes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* 7 *Days.*

Color, C

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, abt 10 Years

Place of Death, {Give street and Number.} 315 Central Avenue

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, abt 9 Days

All the above information should be furnished by the Physician.

Place of Burial Laurel cemetery

Date of Burial, 13th Jan 1885

Undertaker, Wm H Madden

Place of Business, No 40 East st *Address,* 612 E Balto St

Chas. Moore M. D.,
Medical Attendant.

HEALTH DEPARTMENT BALTIMORE MD JAN 12 1885

B

1

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80817 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 12 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Janry 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ettie Wright

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* ..... *Months,* ..... *Days*

Color, ca

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Sand Hill m d

Duration of Residence in the City of Baltimore, one year.

Place of Death, {Give Street and Number.} 16 S Bethel St.

Cause of Death, First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laul Sinai

Date of Burial, 12 Jan 1885

Undertaker, Wm M Madden

Place of Business, 46 East

James A. Stuart M. D.

~~*Medical Attendant.*~~

Address, Com of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80818 *Office of Registrar of Vital Statistics.* Ward 15-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, January 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Wm Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Sixteen Months, Days

Color, Col —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Sixteen

Place of Death, {Give Street and Number.} 5 Guilford Alley

Cause of Death, First (Primary), Bronchitis

Second (Immediate), About Six Months

Duration of Last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Jan 12th 1885

Undertaker, L. A. Kerchner

Place of Business, Arlington Av *Address,* Southern Dispensary

Julius Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80819 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1885 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Jan 11. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Young

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give street and Number.} 205 S. Dallas St.

Cause of Death,
First (Primary), Pulmonary phthisis.
Second (Immediate), Acute pneumonia.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 13 1885

Undertaker E. H. Chase

Place of Business, 194 Howard St

A. V. Gouvitas, M. D.
Medical Attendant.

Address, 96 S. Dan St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Accurate Filling ... Certificate.

Health Department, City of Baltimore.

Permit No. 80820 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Fowler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 6 *Months,* 5 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 167 Yonker St

Cause of Death,
First (Primary), Fall
Second (Immediate), Congestion of the brain

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Jan 13 1885

Undertaker, S W Chase

Place of Business, 178 Lanvale

[illegible] M. D.
Medical Attendant.

Address, 121 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and oorrect record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8082/ *Office of Registrar of Vital Statistics.* Ward 7/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 11-85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Humber

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 yrs

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, January 12 1885

Undertaker, Henry Heath

Place of Business, 309 Central ave

Oscar J Lackey M. D.
Medical Attendant.

Address, 188 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80822 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan 10-85 1.00 P.M

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Bourg

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), old age

Second (Immediate), Exhaustion

Duration of Last Sickness, 12 mos

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, January 12 1885

Undertaker, Henry Flocch

Place of Business, 309 Central ave

Oscar J Cordery M. D.
Medical Attendant. E.R.H.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...rtificate.

Health Department, City of Baltimore.

Permit No. 80823 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan E. F. Placide

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 78 *Years,* 9 *Months,* 9 *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 67 Years

Place of Death, {Give Street and Number.} 319 Madison Ave

Cause of Death, First (Primary),

Second (Immediate), Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Jan 13th 1885

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St

Elias C. Price M. D.
Medical Attendant.

Address, 267 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80824 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 11th. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Zellhahn

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 1 *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany Twenty years

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and Number.} # 47 Myrtle Ave.

Cause of Death, First (Primary), Laryngeal Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, about 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 14 th

Undertaker Andrew Roebe

Place of Business, 45 Pennsylvania Ave

Edw. D. Coulyn M. D.
Medical Attendant.

Address, # 244 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80825 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 12 1885 BALTIMORE MD

Date of Death, January 11 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Thomas Arthur

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, X *Years,* 8 *Months.* 7 *Days* X

Color, B

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 98 Hominy Lane

Duration of Residence in the City of Baltimore, 7 mos

Place of Death, {Give Street and Number.} 98 Hominy

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 12 1885

Undertaker, Wilson Nunez

Place of Business, #62 East St

L. L. Lewis, M. D.
Medical Attendant.

Address, 467 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80826 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 12 1885 BALTIMORE, MD.

Date of Death, January 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Phelan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* — *Months,* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, retired merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 64 years

Place of Death, {Give Street and Number.} N.° 216 St. Paul St

Cause of Death, First (Primary), cerebral apoplexia

Second (Immediate), —

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, January 14th 85

Undertaker, H. M. Jenkins & Son

Place of Business, Park & Saratoga *Address,* 169 N. Charles St

Henry Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80827 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 10 1885 BALTIMORE MD.

Date of Death, January 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Keefer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* —— *Months,* —— *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 109 N. Broadway } Organic disease

Cause of Death,
First (Primary), Chronic depression of Vitality - no apparent
Second (Immediate), Nervous prostration

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jany. 13/85

Undertaker, W. A. Saifert

Place of Business, 745 S. Broadway *Address,* 38 Mt. Vernon Place

Jno. Lloyd Martin *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Rules for Issuing Permits to Bury Dead Bodies and Returning this Certificate.

Health Department, City of Baltimore.

Permit No. 80828 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

REGISTERED
JAN 12 1885
BALTIMORE, MD.

Date of Death, January 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie L. Hall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Three *Months,* Fourteen *Days*

Color,

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 88 North Bond Street

Cause of Death, First (Primary), Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, January 13/85

Undertaker, W. A. Taylor

Place of Business, 714 S. Broadway *Address,* Res 102 N. Broadway

Wm H. Clendenin, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80829 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Powlert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 13 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 172 Canton ave

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Asphyxia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, January 12. 1885

Undertaker, Crooch & Co.

Place of Business, 249 N. Durham

James A. Stewart M. D.
Medical Attendant.

Address, Dep. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Deputy Registrar
Inspector

[OVER.]

Health Department, City of Baltimore.

Permit No. 80830 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin F. Quinn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 21 Fall's Road

Cause of Death,
First (Primary), Capillary Bronchitis
Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery
Date of Burial, Jan 12th 1885
Undertaker, H. C. Weidefeld
Place of Business,

Lewis Reynolds M. D.
Medical Attendant.
Address, 172 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80831 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Gerry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and Number.} 449 N Mount

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Hemorrhage from bowels

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Trenton N. J.

Date of Burial, Jan 16/85

Undertaker, Chas. F. Scrivener

Place of Business, 211 N. Eutaw

M. K. Warner M. D.,
Medical Attendant.

Address, Cor Lafayette Ave & Pine

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

35745 Daniel

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80832 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Thomas Collins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 5 *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} W Garrett Avenue

Cause of Death, First (Primary), Natural

Second (Immediate), Convulsions

Duration of Last Sickness, 1/2 hour

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Jan 13th

Undertaker, Bharle

Place of Business, 82 West St

Z K. Wiley M. D.
Medical Attendant.

Address, 195 west Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 80833 *Office of Registrar of Vital Statistics.* Ward 9 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Gregan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Boys' Home, 82 N. Calvert St

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 13th/85

Undertaker, Wm. F. Fry & ~~Kaki~~

Place of Business, Broadway and Fulton St

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY FILM

T. • Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80834 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 13 1885

CERTIFICATE OF DEATH.

Date of Death, January 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single.

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life residence.

Place of Death, {Give street and Number.} 544 Penna. Avenue

Cause of Death, First (Primary), ...

Second (Immediate), Senile Bronchitis and Dropsy.

Duration of Last Sickness, Six (6) months.

the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan. 14th 1885

Undertaker John J. Andrews

Place of Business No 426 Druid Hill Ave *Address,* 112 N. Greene St

Louis W. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80835 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, January 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hencker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 190 Alice Anna

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cem.

Date of Burial, Jan 13th 1885

Undertaker, Leonhard Ritz

Place of Business, 131 S. Broadway

Samuel E Donnelly M. D.
Medical Attendant.

Address, 199 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermine Nesfeld Hemble

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 22 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number} Canton Hollow off Atlantic Wharf

Cause of Death, First, (Primary,) Accidentally Drowned

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Jan 13th 1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place

E Hall Rutledge M. D.
Medical Attendant.

Address, 108 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OT 48.]

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 4th DAY Nov,
OF 19. THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH 77501 - 3/13/84 AND
ENDING WITH 80896 1/9/85 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE
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BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
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OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
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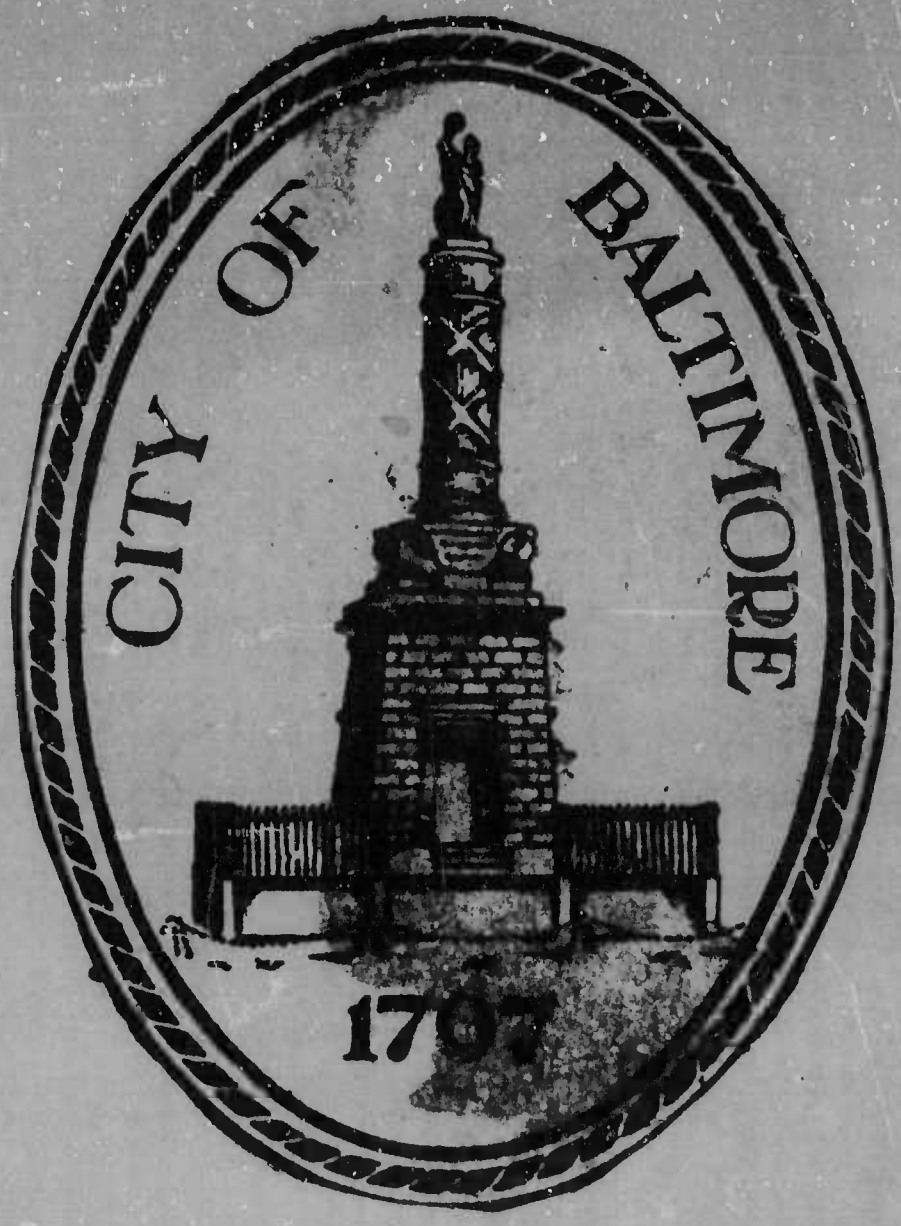

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